MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00852 PLACE OF DEATH and h hours after death. funera USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. a. COUNTY b. COUNTY a. STATE etely filled in by the furbon gapers. Pages 1 a within 72 hours after o MARYLAND b. CITY OR TOWN (If outside Corporate limits. c. CITY OR TOWN IIf outside corporate limits, write RURAL and give nearest town C. LENGTH OF STAY IN 1b welte RURAL and give nearest town) pouro e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (A not in hospital, give street address) completely filled d. STREET ACORESS 200 ON A FARM? NO DE 116 YES within carbon Year NAME OF Day 3. First Middle 4. DATE Month est DECEASED DEATH 19 (Type or print) executed COLOR OR RAGE AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Days **HEUNDER 24 HRS** DATE OF BIRTH 6. 8. 9. ev. 7. MARRIED NEVER MARRIED remove Months Days Hours and any WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR THPLACE (County & State, or foreign country) physician ease COUNTRY? during most of working life, even if retired) INDUSTRY and death certificate ā removal, 13 FATHER'S NAME MOTHER'S MAIDEN NAME ed by the attending phy-transit permit. Then p, cremation, or removal. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes pive war or dates of service) INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) gave rise to immediate or to QUE TO cause (a), stating underlying cause last. FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as rould be filed with the State Dept. of Health prior as in (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT YES NO [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) CAL (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) MED Hour a.m. Not While at work While g.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from an that (I) (we) last and that death occurred at 12 PM, from the causes and on the date stated above. saw the deceased alive on 22b. OATE SIGNED 228. SIGNATURI ATTENDING PHYS. MED. DIRECTOR STAFF M.D. PHYS. 22c. PHYSICIAN'S **ADDRESS** 22d. director, p NAME (Type) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. REMOVAL (Specify) 2 25b. REGISTRAR'S 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR SIGNATURE AODRESS

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE I. MARYLANI

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SURTAL TABLES

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Year

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Hours

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH CERTIFICATE OF death, Tuneral and PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNIY b. COUNTY papers. Fag. b. CITY DA TOWN (if outside corporate limits, -, write RURAL and give nearest town) the MARYLAND by the Pages C. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest fown) E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, d. STREET ADDRESS a. IS RESIDENCE filled give street address event, within 72 ON A FARM? YES NO completely NAME OF DATE Month Last Year DECEASED DF (Type or print) DEATH 19 6. COLDR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove last birthday) | Months | Days any physiciam and WIDOWED DIVORCED E 1Da. USUAL DCCUPATION (Give kind of work done | 12. CITIZEN OF WHA 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) lease during most of working life, even if retired) and 6 RED ā removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME ling ph Then MEL attendin 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. 0 (Yes, no or unkown) (If yes give war or dates of service) cremation, the s been signed to the stranging the burial, cremating the surial, cremating the stranging to the surial to CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. Conditions, if any, which gave rise to immediate cause (a), stating the as th underlying cause last. certificate has CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT WAS AUTDPSY 19. for use Health PERFORMED? (2) Cunary Tract Infection Dartonoseleroses
200. DESCRIBENOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) NO YES the hospital 2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING PHYSICIAN: After this certification of the state Dept. of F 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) should be Hour a.m. WEDI While Not While retained by at work at work p.m. 21. I certify that((1) Ithis hospital) attended the deceased from. DIRECTOR: P. M, from the causes and on the date stated above. and that death occurred at 3 she saw the deceased alive on 22a. SIGNATURE DATE SIGNED page ATTENDING M.D. PHYS. DIRECTOR PHYS. Page 4 may TO HOSPITAL TO FUNERAL PHYSICIAN'S ADDRESS 22d. should be director, NAME (Type) (State) BURIAL, CREMATION. 23b. DATE THEREDS 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 3 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defiting. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificals be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4)

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(PARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH
1.	PLACE OF BEATH 2. COUNTY MONTGOMERY County D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Liniversity Nursing Home	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, Md. d. STREET ADDRESS 0. IS RESIDENCE 0. NA FARM? 10000 Sutherland Rd. YES NO SK
3.	NAME OF First Middle (Type or print) Reid R. M.	Last 4. DATE Month Day Year OF Ashworth DEATH 1 31 19 66 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Months Days Hours Min.
dur	a. USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OF Vet ling most of working life, even if retired) lindustry livector of food very ice D.C. Health Departments name in least to dept.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
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NOI	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 33/X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completally filled in by the fameral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and, 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the Mosmital or attending puysician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

١.	U0001	CERTIFICATI	OF DEATE	1	80839
Г	1. PLACE OF DEATH		2. USUAL RESIDENC		tution: Residence before admission)
ı	a. CDUNTY		a. STATE	RYLA ND b. COUNTY	MONTGOMERY
1	b. CITY DR TDWN (if outside corporate limits.	MARYLAND c. Length of Stay in 15			RURAL and give nearest town)
П	write RURAL and give nearest town)	or ELIGIN OF STATE IN 25			~ /
ŀ	OLNEY			THERSBURG	/ - /
g J	d. NAME OF HOSPITAL OR INSTITUTION (If not	in nospital, give street address)	d. STREET ADDRESS		8. IS RESIDENCE ON A FARM?
I,	MONTGOMERY GENERAL	HOSPITAL	BOX	26, RFD 2	YES ND
4	3. NAME OF Lawrence First	Middle	Last	4. DATE Month	Day Year
1	(Type or print)	Brent BAI	LEY	DEATH JANUA	RY 21 19 66
1	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER-MARRIED	, DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
T	Male White WIDOW	VED DIVORCED	4/10/1882	last birthday) M	lonths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT
П	Un (Cn own	INDOSTRY	Vi	rginia	USA
	13. FATHER'S NAME		14. MOTHER'S MAID		1 0011
1	unknown		unknown		
١	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SDCIAL SECURITY ND. 17.	INFORMANT	Address	
1	(Yes, no, or unkown) (If yes pive war or dates of service)				
-	yes Spanish-America		Hospital R	ecords OI	ney, Md.
1	18. CAUSE DF DEATH [Enter only one cause p	er line for (a), (b), and (c).	. * .		INTERVAL BETWEEN ONSET, AND DEATH
1	PART I. DEATH WAS CAUSED BY:	enns me	Elson_		4 desep
1	DUE TD	0 . 0			6 -
1	Conditions, if any, which (b)	Emle			6-8 years
1	gave rise to immediate (
1	cause (a), stating the DUE TO underlying cause last.				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PA	ART 1(8) 19. WAS AUTDPSY
	TA TA				PERFORMED?
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	A DESCRIBE HOW INDOM TODO	KKED. (Eille) Hatala ol	injuly in Part 1 of Part in of 1	100/
Т	3 20c. TIME DF INJURY Month, Day, Year 20	d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
		Not While at work	y, street, office bldg., e	10.)	
1	21. I certify that (I) (this hospital) atte	ended the deceased from	AM-81-,1	9/ch, to Jon - 2/	, 19 6, that (I) (we) last
П	saw the deceased alive on	2/- 1966, and that	death occurred at	M, from the causes at	nd on the date stated above.
1	22a. SIGNATURE	ma &1			DATE SIGNED
1	William D. X	Aller M.D.	ATTENDING PHYS.	MED. DIRECTOR PHYS.	191-21-1966
١	22c. PHYSICIAN'S NAME (Type)	N 11	22d. ADDRESS	6-10	mad
	WINGIAM	JI-/YII-HHER	(9917)	116150419	- / / / L.
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
	Burial 1-24-66	Goshen		Goshen.	Mont. Md.
4	24. FUNERAL DIRECTOR	ADDRESS	25a. REC	C'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
5	FrancisH. Barber L	aytonsville, Md.	Delte N	25 1886 BELL	mylas Judge

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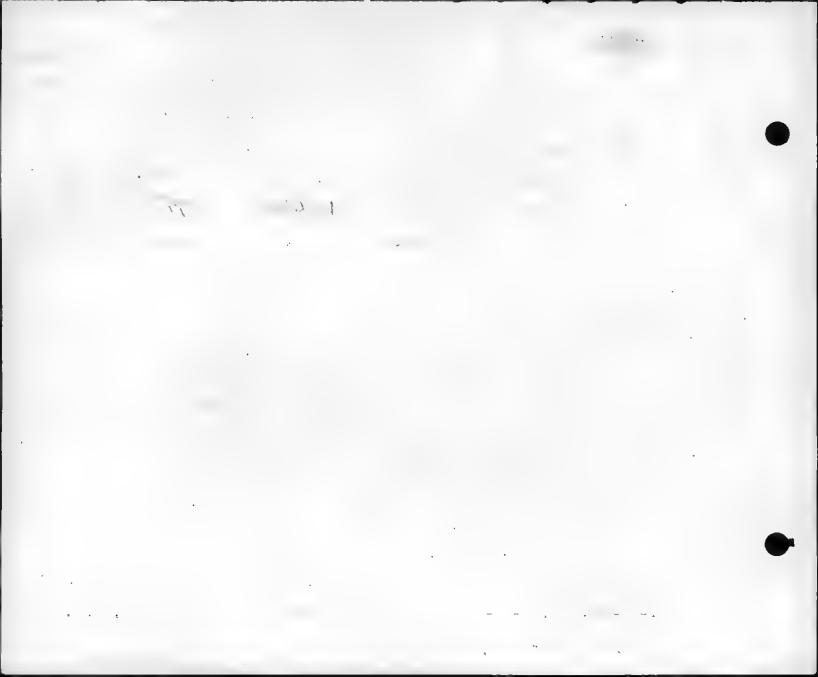
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 0 eared

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work North No	U	0859	CERTIFIC	ATI				00540
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Holy Cross Hospital 10011 Markham St.	d		N (if not in hospital, give street add	ress)			3 / -	a. IS RESIDENCE
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The conditions if any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)	5. St	EX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	1 8	DATE OF BIRTH	9. AGE (In y	rears IFUNDER	
Restauranteur Restaurant Messinia Greece USA 13. FATHER'S NAME George Banos 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yet, no, or unknown) (If yes give war or dates of service) Yes W. T 16. SOCIAL SECURITY NO. 17. INFORMANT SON in law Address Yes W. T 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) Conditions, if any, which gave rise to Immediate cause (a), stating the UE TO Conditions, if any, which gave rise to Immediate cause (a), stating the UE TO Conditions, if any, which gave rise to Immediate cause (a), stating the UE TO Conditions, if any, which gave rise to Immediate cause (b) and contributions of Injury Information (b) and contributions (c) and cont					12/6/90		rs.	
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14. MOTHER'S MANNE GEORGE Bands 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes pire war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT SON IN IAW Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. WAS CAUSED BY. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. WAS CAUSED BY. 18. CAUSE (a) 19. WAS CAUSED BY. 1	$R\epsilon$	estauranteur 🐪			Messin	ia, Greec	e U	SA
15. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yes, no., or unknown) (If yes give any of alter of service) (Peter Demostihas Same address Yes) (W. W. T. 10 INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE (a) Cruft Conduct and Julium ONSET AND DEATH ONSET A	13. (FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) Conditions (a), the cause (b) Conditions (c) Conditions (c	15. W	AS DECEASED EVER IN U.S. ARMED FOR no, or unknown) (If yes nive war or dates of	RCES? 16. SOCIAL SECURITYNO. fservice)				Address	
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Conditions, if any, which gave rise to Immediate cause (a) DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COUNTRY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COUNTRY PART 11. OTHER SIGNIFICANT CONTRIBUTION COUNTRY PART 12. OTHER SIGNIFICANT CONTRIBUTION COU	1 1		A]	ſ	~ /		INTERVAL BETWEEN
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Cause (a), stating the underlying cause last. PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOV RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED CO., PLACE OF INJURY (Home, farm.) at work at w			(b) accellinated	14	murlin	on		15 yrs
Underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 19 23, to 120, that (I) (we) last saw the deceased alive on 12 28 19 25, and that death occurred at 45 PM, from the causes and on the date stated above. 22a. SIGNATURE M.D. PHYS. Director PHYS. 22d. ADDRESS NAME (Type)			TO Cypemon	01,	, ochgyt Rig	al Peli	2	0-
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work North No	u	nderlying cause last.		XII	mymil	<u> </u>		8 2
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work North No	0 P.	ART II. OTHER SIGNIFICANT CONDITION	INS CONTRIBUTING TO DEATH BUT NO	RELA	TED TO THE TERMINAL DIS	SEASE CONDITION GIV	EN IN PART 1(a)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work North No	FICA							YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work North No	E 2	Oa. ACCIDENT WAS UNDERLYING A RECONTRIBUTING TO CAUSE OF DEAT	14 20b. DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of i	njury in Part 1 or Par	t ii of item 18.)
21. I certify that (1) (this hospital) attended the deceased from 1965, and that death occurred at 43 PM, from the causes and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. S MAME (Type) BCRNALD H. OSTROW 8107 CASTON AVC. S S Md. 23a. BURIAL, CREMATION. 1 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State)								
21. I certify that (1) (this hospital) attended the deceased from 1965, and that death occurred at 43 PM, from the causes and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. S MAME (Type) BCRNALD H. OSTROW 8107 CASTON AVC. S S Md. 23a. BURIAL, CREMATION. 1 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State)	E 20			e. PLAC	CE OF INJURY (Home, farmy, street, office bldg, etc.		vn) (Cou	nty) (State)
21. I certify that (1) (this hospital) attended the deceased from 1965, and that death occurred at 43 PM, from the causes and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. S MAME (Type) BCRNALD H. OSTROW 8107 CASTON AVC. S S Md. 23a. BURIAL, CREMATION. 1 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State)	MED		at work at work		Star sail amen ara Pil and			
saw the deceased alive on 12-38 1965, and that death occurred at 643 PM, from the causes and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) NAME (Type) BC (NALD H. OSTNOW 23a. BURIAL CREMATION. 1 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State)						63, to 1-20		
M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR P			2-28 1965, and	d that	death occurred at	PM, from the car		
22c. PHYSICIAN'S NAME (Type) BC (CALID) A C STAGO BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State)	2	20 SIGNATURE	MA		ATTENDING . AU	ED CTACE	22b. D	ATE SIGNED
NAME (Type) BERNALD H. OSTROW 8107 CASTERN AVE. SS Md. 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town of county) (State)		1 leman	War.	M.D.	PHYS. DI	RECTOR PHYS.		
23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	1 2	NAME (Type)	O STA ALL			ASTON	A111-	C C M J
23a. BURIAL CREMATION, 23b. DATE THEREUF 23c. NAME OF CEMETERY OR CREMATORY 23d. LUCATION (City, town of county) (State)							700	37 110
REMOVAL (Specify)	23a.	REMOVAL (Specify)				,		
KZZZÓBUTIA1 1-24-66 Glenwood Cemetery Washington, D.C.				a C		Washii	ngton, L	S SIGNATURE
Deviced Aurenal Mars 2400 & Constant 26 1808 Religional	1	STEER BINCOIN	01/ 0/					

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FOR STAFE HEALTH DEP

rtment death. lay 33 Page P. and P.M3. Pages event Give 24 Noum after in Item 18. Giv N.E. File permit. removal, burial-transit cremation, or used as a l 200 3 should be agent, prior 1 P ate, writin forwarded EXAMILIE: the certificated should be for CTOR: Page designated RECTOR: execute the r. Page 4 s d for your f 등 0 director. Paretained for retained for D FUNERAL (

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10855 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Mont gomery Maryland Maryland Montgomery
c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOLY CROSS HOSPITAL 12107 Selfridge Road YES NO 3 Year NAME OF First Middle DATE DECEASED BARKER 19 66 Jan. 14 WILLIAM CLARENCE DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE I DATE OF BIRTH 7. MARRIED S NEVER MARRIED [Jast birthday) Months I Days Hours Male White June 7,1921 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY North Carolina U. S. Barber Barber Shop 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Gilmer Barker Zella Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Wife Address Yes | WW II Same as Item Carrie L. Barker 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Massive. Intracerebral hemorrhage: Hypertensive IMMEDIATE CAUSE (6) DUE TO cardiovascular disease. Conditions, if eny, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION REREORMED? YES NO F 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 of Pert 11 of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work and in my opinion 21. I certify that L-book charge of the remains described above, held an Autopsy Inspection Inquiry Natural_causes |X|, **S**uicide Homicide Undetermined manner Acoldent CHIEF WEDICAL EXAMINER ACTUAL SIGNATURE MEDICAL EXAMPLE 1 11502 Grandview Av BELDEN R. EXAMINER'S REAF Town or county Wheaton. Md. NAME (Type) 23d. LOCATION/(City, town or county) 23a. BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 23c. REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Bethesda, Pumphrey Maryland

Items 18&21 Film G375MARY AND STATE DEPARTMENT OF HEALTH

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executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prosecuan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOSFITAL IN INTENDING PRYMICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

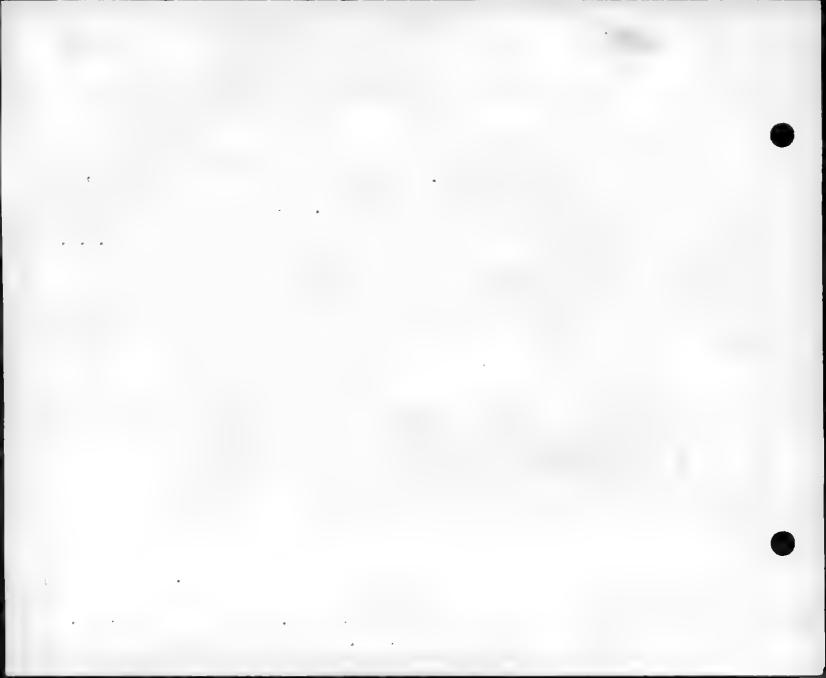
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1.	PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where dece	ased lived, If ins	titution: Reside	nce before	admission)
	a. Court	Montgomery		MARYLAND	a. STATE	Maryla	nd b. coun	Mont	Some	ry
	b. CITY OR TOW Write RURAL	N (if outside corporate lim and give nearest town)	nits, c. LENGTH	OF STAY IN 1b	C. CITY OR TOWN (I	f autside corpo	orate limits, wr	to RURAL and	give near	est town)
	Bethesd	a.			Bethesd				1-	i
	d. NAME OF HO	SPITAL OR INSTITUTION (if	not in hospital, give	street address)	d. STREET ADDRESS					ESIDENCE FARM?
_		de Circle			20 Fro	ude Ci	rcle		YES 🗌	NOK
3.	NAME DF DECEASED	First	Mic	ddle	Last	4. DATE	Month	D	ay Y	ear
_	(Type or print)	John	William		rrett _	DEATH	Janua.			66
	SEX	White	IARRIED KEVER	MARRIED 8	. DATE OF BIRTH	_	AGE (In years last birthday)	Months Day		
	Male	W			May 26,13	39 7	yrs.			
10a du:	. USUAL OCCUPAT Ing most of work	ION (Give kind of work done ing life, even if retired)	10b. KIND OF BUSII	NESS OR	11. BIRTHPLACE (County & State, o	r foreign country	12. CITIZE COUNT	N OF WHA	AT .
	Brick		Building	r S	West Vi			US.		
13.	. FATHER'S NAM	IE			14. MOTHER'S MAI	DEN NAME				
		Morris Bar			Alice					
15 (Ye		EVER IN U.S. ARMED FORCES (If yes give war or dates of servi		1 0	INFDRMANT	_	Addres		11	,
	No		1211 09	1481 E	lla Louis	e Barr	ett (same a	s #1	-)
		DEATH (Enter only one cau	se per line for (a), (b)) and (c).]	0 7	# 0		IN	FERVAL B	ETWEEN
	PART I, DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Kanera	1 VINC	instac	lune		16	met	athe
	1,		4	1 11	7 1	1	4. 1	,	,(/	
	Cenditions, If		Klinera	ensed l	men	com	u	/:	> 12	MZ
	gave rise to cause (a), s		1	att.						
_	underlying caus		Venus	dly -						
TION	PART II. OTHER S	SIGNAFICANT CONDITIONS	ONTRIBUTING TO DEA	TH BUT WELFE	FED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN	PART 1(a)	9. WAS A	AUTOPSY ORMED2
ICA		weater.	12 //10	eleu	۲.				YES 🗍	NO X
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUI	RRED. (Enter nature o	of Injury In Par	t I or Part II o	f Item 18.)		
	20c. TIME OF	INJURY Month, Day, Year	20d. INJURY OCCUI	RRED 20e. PLAC	E OF INJURY (Home, f	arm, 20f. (C	ity or town)	(County)		(State)
MEDICAL	Hour a.r		While Not While at work	le C	y, street, office bldg.,	etc.)		11		
	21. I certif	y that (I) (this hoppital)	attended the dece	ased from	Unlary;	1950 to/	In 31	,106,	that (I)	(we) last
	saw the de	ceased alive on Jon	3. 196		death occurred at.	3. at PM, Iron	n the causes	and on the d	ate state	d above.
	22a. SIGNATU	RE /	11 . 1	/	ATTEMPINE 4 4	MED	CTAFE	22b. DATE	SIGNED	-
	111	mur)	mays	M.D.		DIRECTOR	STAFF PHYS.	1-5	-66	
	22c. PHYSICIA NAME (T)	ype) Mancis	TSharp	eMO.	22d. ADDRESS	lucom	Sin	Ve Ul	84	De
23a	BURIAL, CREW			E OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(State)
]	DUTTAL	oan O, 1	966 Rose		emetery		insbur,			
24	UNERAL DIRE	V4671.1/	ADDR			C'D BY REGIST				
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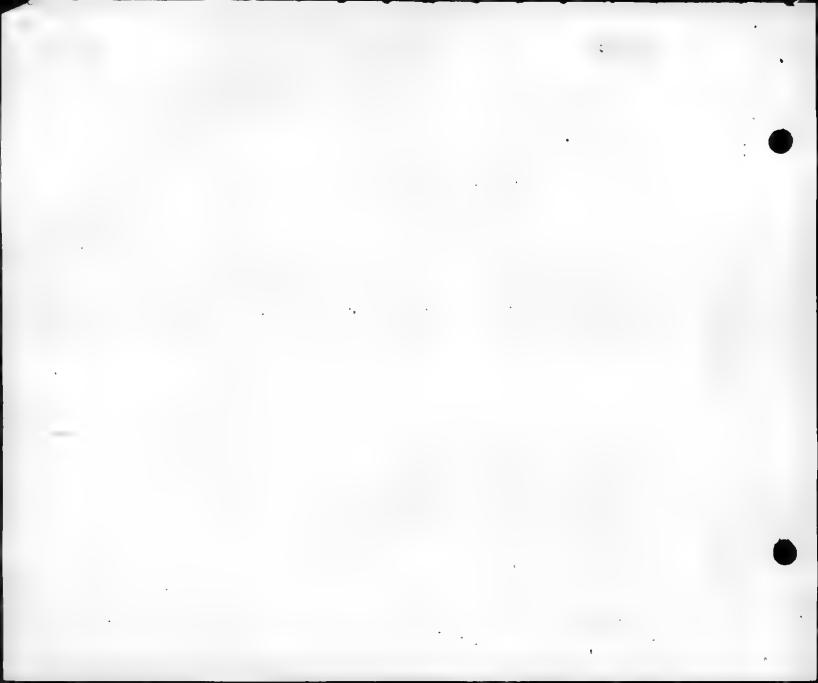


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and 2 death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. b. COUNTY Montgomery Maryland Montgomery attending physician and completely filled in by the fremit. Then please remove carbon papers. Pages 1 n, or removal, and fit any event, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b Gaithersburg Bethesas d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Route#1 Suburban Hospital NO X executed within NAME OF DATE Month Year 3. Middle 4. DECEASED OF DEATH 1966 January Barrington (Type or print) Thomas AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. | Hours | Min. SEX 6. COLOR OR RACE | DATE OF BIRTH NEVER MARRIED 7. MARRIED D. Male Negro 15, MIDOWED DIVORCED [12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please it should be filled with the State Dept. of Health prior to burial, cremation, or removal, and the O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. COUNTRY? U.S.A. Alabama Minister

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dennis Berrington Hattie Gibson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Lucille (wife) Item Barrington INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] **DNSET AND DEATH** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, if env. which gave rise to immediate DUE TO cause (a), stating underlying cause last WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO L 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) MEDI Hour a.m. While Not While at work at work 21. I certify that (I) (this-hospital) attended the deceased from and that death occurred of ____M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22% SIGNATURE MED. DIRECTOR STAFF PHYSICIAN'S Jack Shumacher Ave. Gaithersburg, Ma NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) Burial (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 2/5/66 Ash Memorial Cem. Spring, Sancv REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. AFUNERAL DIRECTOR Rockville, VR A15 (4) 15M 4-64

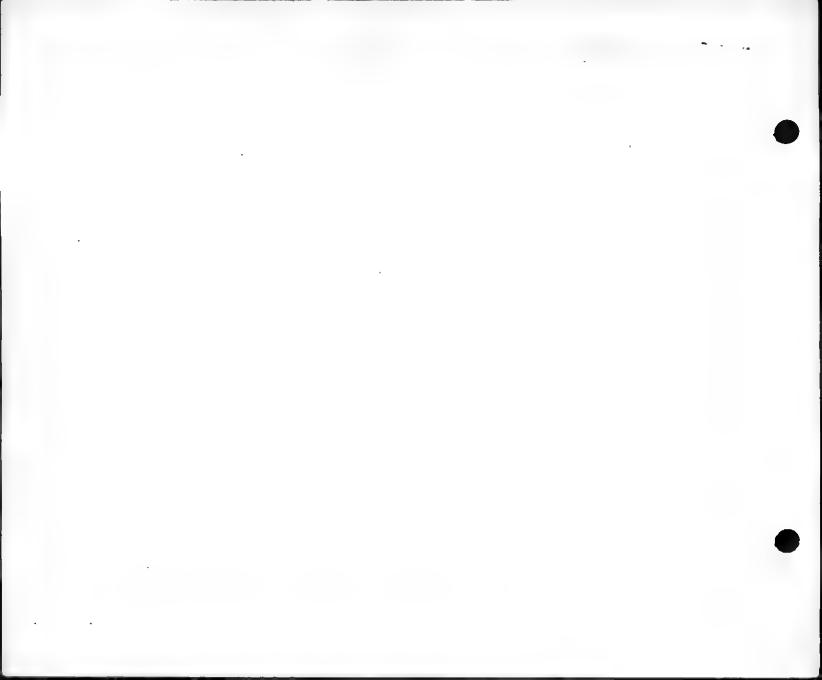


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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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death e Pag	32			NAME OF DECEASED	1 20 1/60	Middle	B - Fan	4 DATE Mon	
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S S S S	our files. ge 3 shauld agent, priar	į	MEDICAL	20c T ME OF INJURY Mo			PLACE OF NJURY (Home, form,	20f (City or town)	(County) (State)
e + ₹	yaur Page ed age		W	Hour o.m.	19 While of work	Not While of work	factory, street, office bldg , etc)		
	F Y	1	- 1	21. I certify that	I taak charge of the rem		held an Autonsy	Inspection 🔀 , Ingi	Liry 💢 , and in my apmiar
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please direct	÷ 0			ACTUAL SIGNATURE	from Is. Bal	L.	M D ASS STANT MEDIC	CAL EXAMINER []	22. DATE SIGNED
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S S E	may be re FUNERAL I ealth ar its	°-		NAME (Type)				city, town, or county)	
a DEPUTY necessary, the funero	5 may 10 FUNE Health	_ [230	BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCAT ON (City or To	wn) (County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH

		Division of STATIST	ICAL RESEA	RCH AND RECORD	S, 30	I W. PRESTON STRE	ET, BALTI	MORE, MARYL	AND 21:	201		
	00854	1		CERTIFIC	CATE	OF DEATH				00	846	
	PLACE OF DEATH			100		2. USUAL RESIDENCE (V	Where deceos			nce before	e odmission)	Ī
	o. COUNTY	Montgomery		MARYLA	ND	o STATE Mo	1.	b. COUN	IIY M	lont.	Co.	
	b CITY OR TOWN	(If outside corporate fimilis	,	c LENGTH DF STAY IN	lb	€ CITY OR TOWN (If OU			AL ond giv	e neores	t town)	Ī
	Write KUKAL OF	Bethesdan		2hrs.45	mi	is. $^{ m R}_{ m C}$	ockvil	le			2 + 1	
	d. NAME OF HOSPI	TAL OR INSTITUTION (IF no	t in hospitol, g	ive street oddress)		d. STREET ADDRESS					B IS RESIDENCE	
		Suburban				512- V	V. Mon	tgomery .	Ave.		YES NO	
	NAME OF	Fir	st	Middle		Lost	4. DATE	Mont	h	Doy		Ī
	DECEASED (Type or print) -	Augustus		A.		Bell	OF DEATH	Jan.		2	1966	
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		8 DATE OF BIRTH	9.	AGE (n years last b rihday)	IF JNDER Months	Doys	Hours Mar	
	male	colored	WIDDWED	DIVORCED		9/19/1899		66yrs				Ĺ
100	USUAL OCCUPATION	N (Give kind of work done	10b KII	ND OF BUSINESS OR		11. BIRTHPLACE (County		reign country)	12. CI	T ZEN OF	WHAT	
_		plife, even if retired) © I	Bi	ireant of En	gra	ving ^O hi				WATRY?	Α.	
13	FATHER'S NAME	<u> </u>				14 MOTHER'S MAIDEN I	NAME					
		am Bell										
15 (Ye	WAS DECEASED EV (s, no, or unknown)	ER IN US ARMED FORCES? (If yes give wor or dotes or 110	f service) 16. 5	SOCIAL SECURITY NO	17 1	NFORMANT	, ,	Addre				
		<u> </u>				Helen Bell/	wife/	same as	abov			
	18. CAUSE OF D	EATH (Enter only one coun								INTI ON:	ERVAL BETWEEN SET AND DEATH	
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	Conditions, if on rise to immedio	to couse (a)		ousia occi	.usi	<u>on (arteri</u>	oscre	rosis)		-		-
	stoting the unde	erlying cause										
	lost.		(t)	A BEATH BUT NOT BELT	FB 70	THE TERMINAL DIFFERS CO.	IDITION ONE	44 IN PART 14-1		10	WAS AUTOPSY	=
0 N	PAKI II. UIMEK S	IGNIFICANT CONDITIONS CO	JNIKIBUTING I	O DEATH BUT NOT KEDAT	ED IO	THE TERMINAL DISEASE CON	ADITION GIVE	N IN PAKI I(0)			PERFORMED?	
IS.	20. ACCIDENTAL	AS UNDERLYING [Look Dit	COURT HOW INHIBY OZZ	IDDED	(Enter nature of injury in	Dark Law David	All of item 20 \		11	ES NO	-
ERTI	OR CONTRIBUTING	G □ CAUSE OF DEATH	209. DE	SCRIBE HOW INJURY OCC	JKKED.	(Biller noture of injury at	POII 1 01 POII	II of heat 10.7				
MEDICAL CERTIFICATION		/ MEDICAL EXAMINER) IURY Month, Day, Year	20d IN	JURY OCCURRED 2	No PLA	CE OF INJURY (Home, form	n. 20f.	(City or town)	150	unty)	(State)	_
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	13.	I Sourcel	汝 什	unter 1	7 MJ	D. PHYS.	MED. DIRECTOR	PHYS.] /_	3-	66	
	22c. PHYSICIAN	C Postal	+ - h 13-			22d. ADDRESS						Ī
	NAME (Type	G. BOWdl	LCD H	unter, Jr	• >	M.D. Rock	VII/	y Md.				
230	BURIAL, CREMATI	ON, 23b. DATE THE		23c NAME OF CEMETE			23d. 10	CATION (City or To		(County) (Stote)	í
	Bur 181	1/6/6	6	Lincoln	Men	norial		Suitlar	na, l	Ma.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then alexander carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and event, within 72 haurs after death. VR A15 (4) 20 M 1/66

EUNERAL OIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

1/6/ 66 ADDRESS

Lincoln Memorial

250 REC'D BY REGISTRAR DALLAN 6 19

Suitland, Md.

AR | 25b. REGISTRAR'S SIGNATURE

1966



Items 18&21 Film G374 3/ MARYEAND TSTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00865 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. V PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution; Residence before admission · Wontgomery Co. MaWV1 and b countyontgomery P.M3. Page Department of urs after death. MARYLAND delay b (IY OR TOWN (If outside corporate lim ts c LENGTH OF STAY N 15 CS TY PRITON III outside comprote limits, write RURAL and give nearest town) gug 51 TWer o Spring. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE farm hours ON A FARM? Holy Cross Hosp. of Sil. Spring 12631 Ga. Ave. #202 18. Give Pages 1 along with farm e State (72 hour NO 24 hours after death Middle 3 NAME OF First 4. DATE Lost Month DECEASED OF NMN Ann Bennett Jan 66 within 19 (Type or print) DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH 1F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARR ED AGE (In years lggt pirthdoy) reptember 6. Hours female cauc. W DOWED D VORCED event and 100 10a ... SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most at working the supplicative red) IND STRY Merchandise COUNTRYS in any Pennsylvania pages be executed within rd "pending" in pencil Chief Medical Examine 14. MOTHER'S MAIDEN NAME Anna Blazauskas Joseph Petrauskas E and IS WAS DECEASED EVER IN US ARMED FORCES? NO 16 SOCIAL SECURITY NO INFORMANT (Yes no or unknown) (fyes give wor or dotes of service remayal Newton nd 262-44-3545 deceased IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Acute myocardial failure accompanied by 0 IMMEDIATE CAUSE (6) This certificate should the ward crematian, DUE TO the certificate, writing the war 4 should be farwarded to the Conditions, flony which gove Electrolyte imbalance and hepatic cirrhosis. ase to immediate couse (a), **DUE TO** D stoting the underlying couse used as burial, c last 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATION NO its designated agent, prior ta þ 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18.) 3 should CERT PRIMARY I or CONTRIBUTING I MEMAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or fown) ((ounty) (Stote) Ноит о.т. While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While Page please execute at work 21 I certify that I taak charge of the remains described above, held an Autopsy and in my apinion the funeral director. death resulted fram: Natural couses X Accident Suicide Hamicide Undefermined manner retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY þ Health or **EXAMINER'S** may fown, or county) 23b DATE THEREO METERY OR CREMATOR BURIAL, CREMATION tOCATION (City or Town) 0

Grove Park Crematory

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256 - REGISTRAR'S SIGNATURE

Miami.

1956

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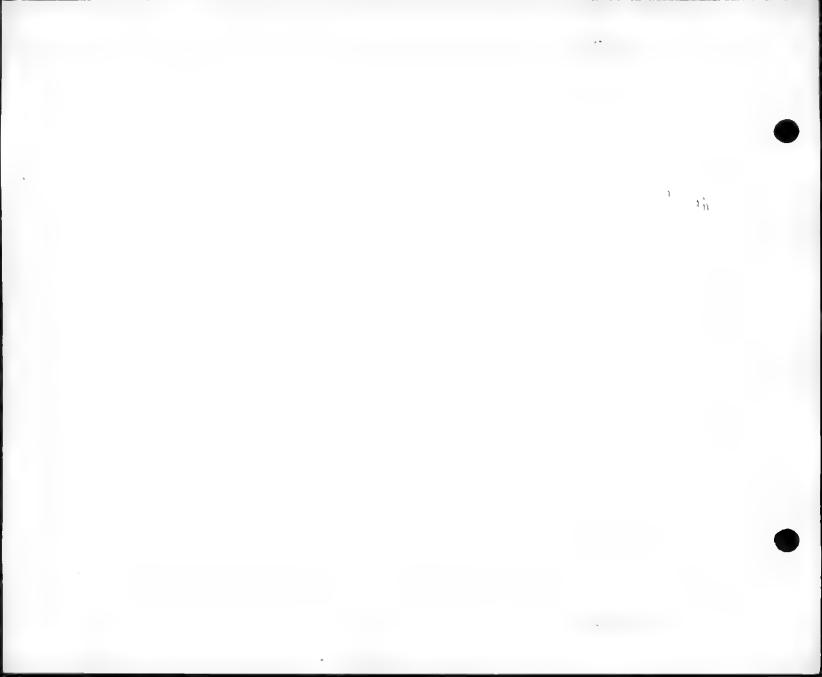
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REMOVAL (Specify)

2-1-66

Pumphreu



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Whase deceased lived, if institution. Residence before admission PLACE OF DEATH a. COUNTY b CITY OR LOWN (If outside corporate IS RESIDENCE OR INSTITUTION (If not up haspital, give street address) d STREET ADDRESS YES NO 🖂 3 NAME OF Middle DECEASED OF DEATH (Type or print) 9. AGE (In years SEX 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED lost birthday) Months DIVORCED No USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106, KIND OF BUSINESS OR 12 CTIZEN OF WHAT COUNTRY? INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If we give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY Pulmonary Edema and Congestion IMMEDIATE CAUSE (a). and Rleural effusion (1500 cc Each side) DUE TO Conditions, if any, which gave Reticuloendotheliosis, systemic, Malignant rise to immediate cause (a). DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 YES X 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. Not While 21. I certify that (1) (this haspital) ottended the deceased fram.... 1962 to Jan. 28 Nor. an. 28 1966, and that death occurred at 1/12 M, from causes and on the date stated above. saw the deceased olive an_____ 22b. DATE SIGNED 22a3 SIGNATURE M.D. DIRECTOR Edmonston Dr., Rockville, Md. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 230 BUR AL CREMATION. REMOVAL (Specify) 2-1-66 Arlington Natl Cemetery Arlington. Buria 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REG.SJRAR'S Bethesda, Maryland

the funeral filled in completely fi nove corbon the death certificate be executed signed by the buriof-tronsit INTECTOR: After TO FUNIER

papers. Pages 1 ond-2 nn 72 hours after déath,

WHI

buriol, cremation, or removol, and in any

VR A15 (4) 20 M 1/66

director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF. DEATH funeral death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the finance 1 ars after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate ilmits, write RURAX and give nearest hours after MARYLANO c. LENGTH OF STAY IN 1b emove carbon papers. Pag any event, within 72 hours filled in 6 V d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS The law requires that the death certificate be executed within and completely remove carbon completely 3. NAME OF DATE Month Last DECEASED DEATH (Type or print) 8. COATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) | Months 18 JAN WIDOWEO OIVORCED (11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if cetired). 10b. KIND OF BUSINESS OR INDUSTRY DRASTMAN (letiled

13. FATHER'S NAME
Charles Biondi NAUL attending physermit. Then the removar Maude Bates 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. been migned by the attenthe burial-transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) Robert Biond 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate In FUNERAL BIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to **DUE TO** cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While at work at work OR ATTENDING 21. Legrify that (I) (this hospital) attended the deceased from saw the deceased alive on 221. SUSNATURE ATTENDING PHYS. STAFF PHYS. director, page should be filed DIRECTOR PHYSICIAN'S 22d. **ADDRESS** NAME (Type) .F Sengstack Columbia 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 66 Lincoln Cemetery Prince burial FUNERAL DIRECTOR REC'D BY REGISTRAR

Hines Co. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64

Address Birch St. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO C (State) 20f. (City or town) (County) and that death occurred at 745 IM, from the causes and on the date stated above. 22b. DATE SIGNED Silver Spring, Bl vd. 23d. LOCATION (City, town or county) Georges County 25b. REGISTRAR'S SIGNATUR

e. IS RESIDENCE ON A FARM? YES

Year

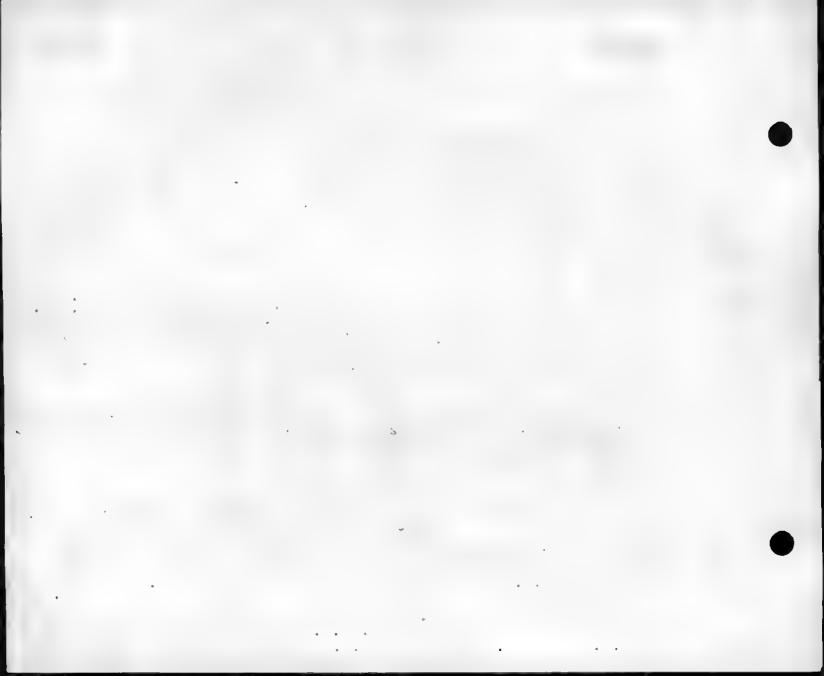
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Days

12. CITIZEN OF WHAT

COUNTRY? 1 Fed Si

NOL



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fungral director, page 3 should be detached for use as the burial-transit permit. Then phase cancon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after de-TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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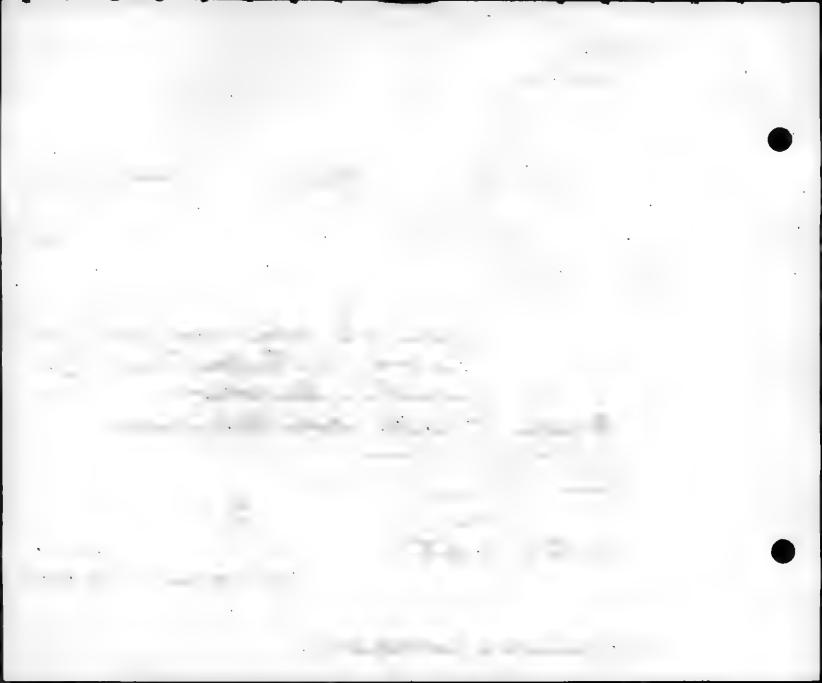
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Robert A. Pumphrey Bethesda, Nd. Ave. IAN 17 1000 201, 1000	and the state of t	Z_ADDRESS .	, 1 25a, REC	D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
	Robert A. Pumphrey Be	the wisconsi	n Ave	17 1966 Mlem	0.0.1.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Md. Montgomery

c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) by the Pages b. CITY OR TOWN (if putside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Silver Spring Silver Spring | 1hr
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Ξ filled d. STREET ADDRESS e. IS RESIDENCE bon papers within 72 h ON A FARM? 2226 Washington Ave. Holy Cross Hospital NG V completely NAME OF Middle DATE Month Day Year Murffav Bowdan DECEASED event, 19 66 (Type or print) anuany Wd du DEATH α AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED any and WIDOWED DIVORCED [ک Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) Real Estate Salesman INDUSTRY COUNTRY? New York City, Real Estate XUSA 13. FATHER'S NAME 14.-- MOTHER'S MAIDEN NAME ed by the attending phi-transit permit. Then p., cremation, or removal. гетоуа GINA OCHWALBE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. I Address above (Yes, no, grunhown) | (If yes give war or dates of service) Wife: Ethel Bowdan Same as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] n signed by th burial-transit i burial, cremat INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO been sig Conditions, If any, which gave rise to Immediate the r to DUE TO cause (a), stating the prior underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY for use Health this certificate betached for use to Dept. of Health PERFORMED? NO X anden an 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of intury M Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work OR ATTENDING I Stat p.m. DIRECTOR: A age 3 should lied with the \$ 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9 5 saw the deceased alive on 1966 M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED Page 4...
TO FUNERAL Din... ATTENDING PHYS. STAFF DIRECTOR PHYS. HOSPITAL 22c. PHYSIC AN'S 22d. ADDRESS NAME (Type) LECATION (City. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. (State NATE MEMORIAL HARK URIAL FUNERAL DIRECTOR 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR SHATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00820HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH 8. COUNTY b. COUNTY MOT a. STATE MARYLAND funeral may be c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b cessar write RURAL and give nearest town) 125 e 1 501 the s a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? State hours No NAME DE First Middle Lest DATE Month Day DF DECEASED ß 21 1966 04 Edward DEATH (Type or print) 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthdey) | Months | Days death. WIDOWED DIVORGED [I and event 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) 21.5, A administrator. SMITHSONIAN 13. FATHER'S NAME astituta pages I in any MOTHER'S MAIDEN NAME WED. EXAMINER. This certificate should be executed within 24 hours and execute the certificate, writing the word "pending" in pencil in Item 18, Page 4 should be forwarded to the Chief Medical Examiner's Office along for your files. File pand Address 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Item 2. as (Yes, po, or unkown) (If yes give war or dates of service) permit. I removal, WW te Yes Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) burial-transit | cremation, or | DUE TO Conditions, if any, which (b) geve rise to immediate DUE TO cause (a), stating the ₹ used as a to burial, underlying cause last. (c) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO X YES 20a. EXTERNAL CAUSE WAS PRIMARY'S OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.) o be 3 should bagent, pric MEDICAL (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Bethesma et work et work 40me IRECTOR: Page its designated a 19 66 and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry TO FUNERAL DIRECTOR: of Health or its design Undetermined manner Natural causes Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER execute r. Page 4 22. DATE SIGNED ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER D JOHN G. BALL **EXAMINER'S** director. retained Bethesda. Md. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURJAL, CREMATION. 23b. DATE THEREOF Crematory Suresistran REMOVAL (Specify) Suitland. Cedar Maryland Gremation REGISTRAR'S SIGNATURE ADDRESS 25b. 24. FUNERAL DIRECTOR Bethesda. Maryland VR ALSME (5) 1/65



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Therefease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. THE HOPFITAL OF ATTENDING PHYSICIAN: The Tim requires that the death nertificate he executed mithin 14 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATES OF PRATTILE OF P

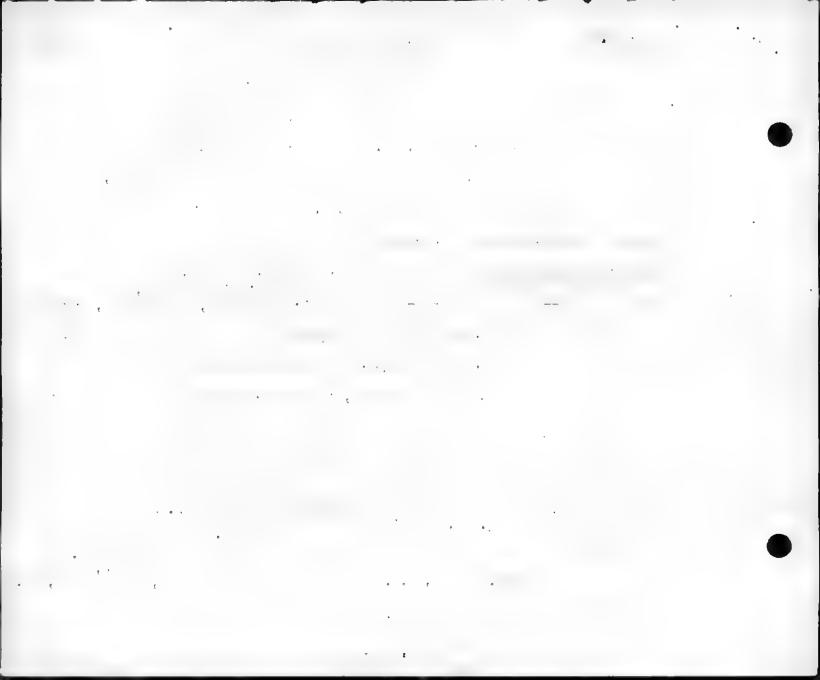
	00871 CERTIFICAT	E OF DEATH	0.623
	PLACE DF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence	e before admission)
I	MONTGOMERIA b. CITY OR TOWN (iNoutside corporate limits, c. LENGTH OF STAY IN 1b	MARINAND PRINCE GEER	
1	b. CITY OR TOWN (if)outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN(If outside corporate limits, write RURAL and gi	ve hearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
4	WASHINGTON SANITARIUM + HOSDITAL	9210 25th Place.	ON A FARM?
1	3. NAME OF First Middle	Last 4. DATE Month Day	Year
1	(Type or print) ANNA ENZABETH	BRIDGES DEATH JANUARY 10	
١	THE MARKIED L	8. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR last birthday) Months Days	Hours Min.
١	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF RUSINESS OR	MARCH 25 /885 80 yrs.	OF WHAT
1	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY SALES SALES	COUNTRY	17
١	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	·
ŀ	Whalen	7	
١	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address	
١		PATIENT'S CHART	
	18. CAUSE OF DEATH { Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY:	TT. INTE	RYAL BETWEEN SET AND DEATH
	IMMEDIATE CAUSE (a)	/ wromposes	cuy
1	Conditions, If any, which DUE TO Clebral (ar teriorclarosis. 1	year
1	gave rise to immediate cause (a), stating the DUE TO		
	underlying cause last.) (c) (1) Herioscience	he Cardiovascular distant	glars
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	Churchaus VE URRED. (Enter nature of Injury In Part or Part of Item 18.)	S NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PROPERTY WAS UNDERLYING TO 200. DESCRIBE NOW INJURY OCCU OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MALES. (Little Halais of Highly Hill at 1 of Part to of Item 2007	
	Santa Santa	ACE OF INJURY (Home, farm, 20f. (City or town) (County) ory, street, office bidg., etc.)	(State)
-	Hour a.m. While Not While factor	A STATE OF THE BILLY OF THE STATE OF THE STA	
1	21. I certify that (I) (this hospital) attended the deceased from		hat (1) (we) last
1	saw the deceased alive on 19 (ol., and that	death occurred at A M, from the causes and on the dat	
	Summar A togarter M.	ATTENDING MED. STAFF	166
	22c. PHYSICIAN'S	22d. ADDRESS	S. md
	1/TOMAS 1. // VICTAR 19		The man
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERS	Y OR CREMATORY 23d. LOCATION (City, town or county)	M (State)
	24, FUNERAL DIRECTOR 1 254 Calculations of W.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
4	flathur Wallets Washington Bic 2	00/2 ONAN 13 1966 1 Thomas Ju	edge



USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 214 Summer Street YES No Z Month 19 66 DEATH January AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 65 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) COUNTRY? USA Dora Elizabeth Morgan The Medical Records The Clinical Center, Bethesda 14. Maryland INTERVAL BETWEEN ONSET AND DEATH 2 days 1 month (b) Multiple ulcerations of esophagus and stomach (c) Mycosis fungoides, diffuse involvement years PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X NO [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) 2Df. (City or town) (County) 21. I certify that # (this hospital) attended the deceased from September 3019 65, to Jan. 28 19 66, that # (we) last 19.66 and that death occurred at 740 M, from the causes and on the date stated above. 22b. DATE SIGNED STAFF PHYS. x 28 Jan. 1966 The Clinical Center, National Institutes of Health, Bethesda 14, Md. 23d. LOCATION (City, town or county) (State) Martin Tennessee REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Wisconsin Ave. Pumphrey Bethesda

MARYLAND STATE DEPARTMENT OF HEALTH

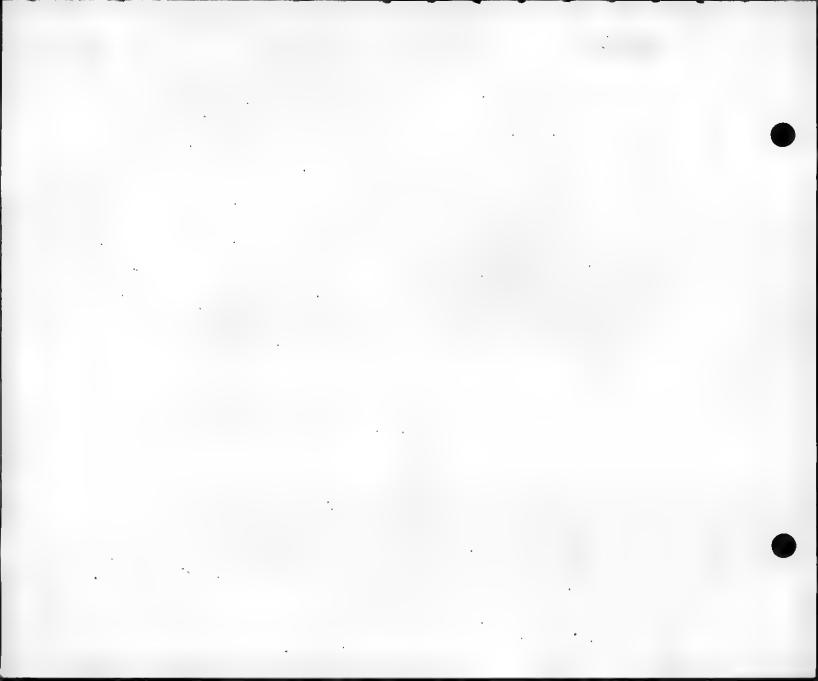
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b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest fown) B. IS RESIDENCE ON A FARM? NO Month 19 AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Deys | Hours | Min. 12. CITIZEN OF WHAT 11/BIRTHPLACE (County & State, or foreign country) **COUNTRY**3 INTERVAL BETWEEN ONSET AND DEATH 127880 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES [NO 🔼 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (County) (State) that (!) (we) last .M. from the causes and on the date stated above. DATE SIGNED (State) or county) REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65



	4 .	I	tems 18&21 Film G375 MARYLAND STATE DEPARTMENT OF HEALTH
4%	For one	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()(156
	HEALTH DEPT.	⁷ 1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edinission e. STATE b. COUNTY
	necessary sctor. Page our files. rtment of		_ MONTGOMERU MARYLAND DIET AT COLUMBIA
	tor. ur fi		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	· S I S C C T T T T T T T T T T T T T T T T T	_	d. NAME OF HOSPITAL OR INSTITUTION (if not an hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE
,	\$ 20 m		The Course of th
7	ny dela funeral a.ned fa State D	3.	NAME OF First Middle Last 4. DATE Month Day Year
	Har the reta he S		DECEASED OF (Type or print) T 22 N N DEATH 1 9 6 10 / /
	3 to 2 to	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MASRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	de de may		Months Days Hours Min.
	after 2, 2, 2 3e 5 and withi	10:	a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY
	est, a est, a page in twi	1	C.TRANSIT CO RETIRED MARYLAND USA.
	- Cale	13.	PATHER'S MAME 14. MOTHER'S MAIDEN NAME
	E Grand		ELMER BROWN MARY DALZMAN
	*## 18. 0 19. F 10. F	15. (Yı	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
	with with permit	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	ould be exection to pending the Colling Colling Colling Properties of the Colling Coll		PART L DEATH WAS CAUSED BY: Massive hemorrhage from duodenal ulcer; ONSET AND DEATH
	oria Grisa		Conditions, if any, which to the Coronary thrombosis; arteriosclerotic
	F. D. v 4 . D		gave rise to Immediate cause
	cate indiii iinea dd as		(e), stelling the underlying course lest.
	ertificate I "pendin Examiner used as It cremat	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPSY
	2 6 2 4 5	CATION	YES NO 7
		CERTIFIC	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.)
		ב	CAUSE OF DEATH.
	EXAMINER ste, writing the Chief M. R: Page 3 st	MEDICA	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stele) Hour e.m. While Not While factory, street, office bldg., etc.)
	EX.	M	p.m. 19 at work of work
	MEDICAL EX its the certificate forwarded to the L DIRECTOR: s designated age		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry In
	MEDICAL the certificonvarded to biracci		CHIEF MEDICAL EXAMINER
	SE CONTRACTOR		SIGNATURE DATE SIGNED
			EXAMINER'S PORT OF THE PROPERTY OF THE STATE
	DEPUTY Hase exect should be FUNERA aith or its		NAME (Type) DELOCY Laborate (Street, City, Sowie, or country)
		22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMENTY OR CREMATORY 22d. LOCATION (CHY, TOWN, OF COUNTY)
	5 2 4 5 ±	1	SULVAL 1-27-66 VOIX OREAK TOMBLEY W ashing on Prof.
	VR A15ME	1	ADDRESS ADDRESS DATE FEB 1 1966 / The State of the state
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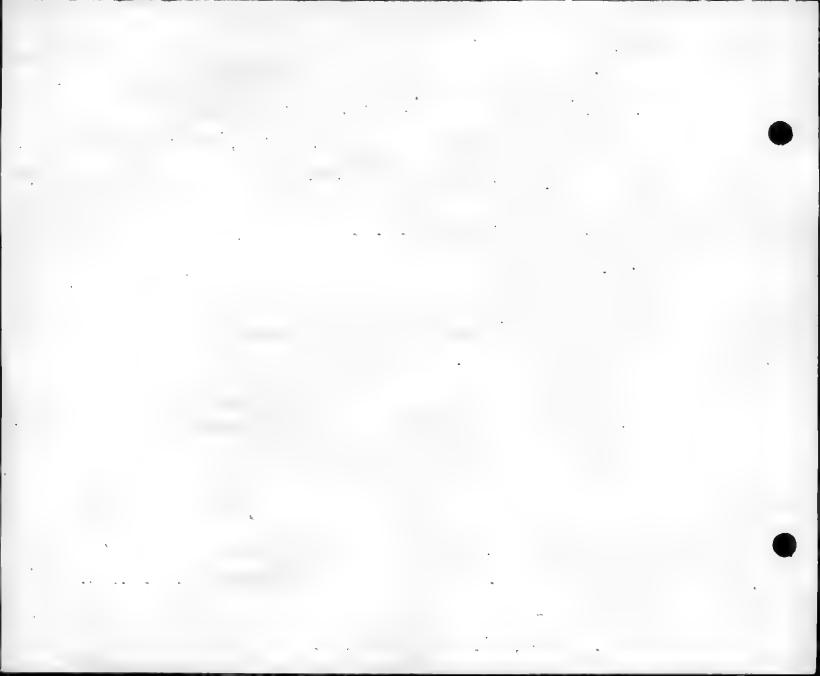
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TO KOSPITAL OR INTENDING PRYSILIM. The law requires that the death curtificate are executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagys 1, and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAN
00875	CERTIFICATE OF DEATH	25

١	- 1	CECOL		CERTIFICATI	E OF DEATH	(1960 £
1	1.	PLACE OF DEATH	2 4			(Where deceased lived, If institution: R	esidence before admission)
			nontgomo	ECH MARYLANO	a. STATE	d. b. county	nonT.
ſ		b. CITY OR TOWN	(if outside corperate limits, and live near(s) (bwn)	E. VENGTH OF STAY IN 16	C. CITY OR YOWN (If OU	itside corporate limits, write RURAL	and give nearest town)
		MYE,	nesucc	Shes. 20min	s. KOCKU	iLLE	1 ,
1		d. NAME OF HOS	TAL OR INSTITUTION (if not in		d. STREET AODRESS	2 01	B. IS RESIDENCE ON A FARM?
,			UDURDAT	2/	10201	ACOSUE HORPLA	CO YES ND 🛛
ı	3.	NAME OF DECEASED	First	Middle	D Last	DATE Month	Oay Year
1	E	(Type or print)		symond SILC	nanan	DEATH /— (O	1966
١	3/	m		O WEAST WYKER	B. OATE OF BIRTH		Qays Hours Min.
1	102	HOUAL OCCUPAT	ON (Give kind of work done 10b.		I II. BIRTH LACE (Coun	ty & State, or fereign country) 12. C1	TIZEN OF WHAT
	durli	ng most of worki	astrative () (i.e.	INDUSTRY A A A	11. BIRTHPLACE (Coun	CO	TIZEN OF WHAT UNTRY?
0	13	FATHED'S NAME	Heils ing la	OU Em ment	14. MOTHER'S MALDED	1/2-d U	12.77
1		John M. I	//		-// /1/	1	
1				S. SDCIAL SECURITY NO. 17.	INFORMANT	C Address	
1	(Yes	, no, er unkowa)	(If yes give war or dates of service)	robtainable 4	2 - L. /	4	1 3 cme
ı		1R CAUSE DE L	EATH [Enter only one gause per	1202	for will C.	Meletioners.	INTERVAL BETWEEN
			ATH WAS CAUSED BY	100 (d), (d), all (c).	1 1		ONSET AND DEATH
1		5000	IMMEDIATE CAUSE (a)	one car the	20 process		Men
1		Conditions, If	iny, which } OUE TO	ertenoseles	210		?
1		gave rise to cause (a), st	Immediate (
1		underlying caus	arrule rue				
1	CERTIFICATION	PART II. OTHER S		BUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
٨	CA	Custo	as Decompos	vscotion - C	monie wa	phritis	YES ND
,	RTIF	20a, ACCIOENT DR CONTRIBUTI	WAS UNDERLYING [] /20b.	OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of In	jury in Part I or Part II of Item 18.)
1		(IF EITHER, NOT	NG CAUSE OF DEATH IFY MEDICAL EXAMINER)				
1	MEDICAL	20c. TIME OF I		factor	CE OF INJURY (Home, farm ry, street, office bldg., etc.		nty) (State)
1	MED	p.n		e NUL WAITE	.,,,		<u>-</u>
1		21. I certify	that (I) (this hospital) aften	ded the deceased from	, 19	20, to //, 196	c, that (1) (we) last
1			eased alive on //	1966, and that	death occurred at	M, from the causes and on the	
1		22a. SIGNATUR	00	00	ATTENDING ME	O. STAFF	TE SIGNED
1	-	22c. PHYSICIA	Klain It	Club M.O	PHYS. OIF	RECTOR PHYS.	6 66
		NAME (Ty		1		ille Rd. S. S. M	ld.
	23a.	BURIAL, CREM	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or cou	nty) (State)
		REMOVAL (Spe Rurial	(ify)	Arlington Na	1. 1. Cemeteru	Adjuston Histor	wie.
	24.	FUNERAL DIRE		ADDRESS	25a. REC'D	BY REGISTRAN 255. PREGISTRAR	SIGNATURE
	Wa	rner E.	Pumphrey Inc.	8434 Georgia Hi Silver Spring	Perme DAVEN]	. 3 1888 77 - ".	1 375
- 1							

VR #15 (4) 20M 1/65



FOR STATE HEALTH DEP DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate serous for a mention of fours after leath. K any delay is seesary, please execute the certificate, writing the word 'bending' in pencil in item 18. Give Pages 1. Apple 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

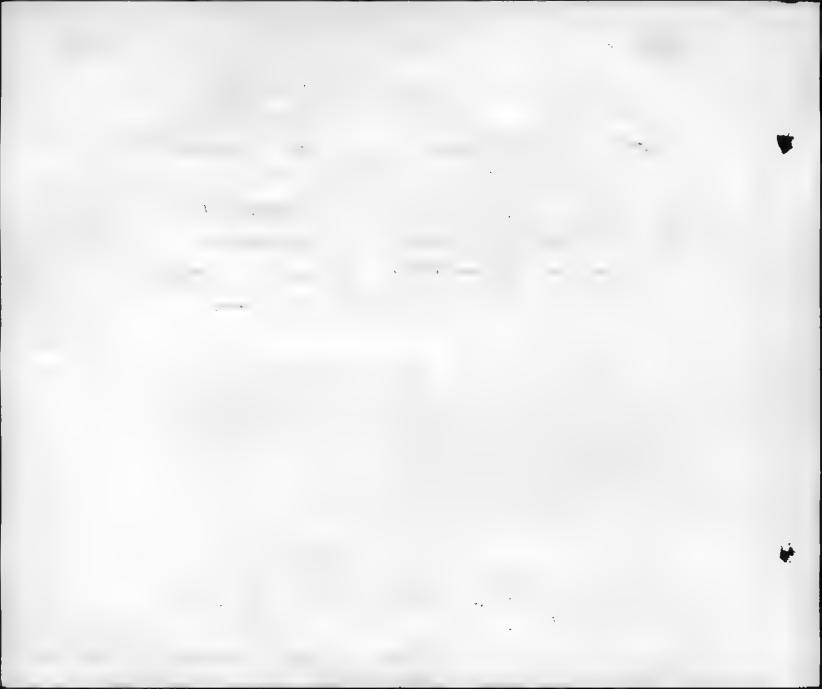
MARYLAND STATE DEPARTMENT OF HEALTH

				PLUSIVITIES OF			
	Division of STA	TISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET	, BALTIMORE	1, MARYLAN
0087				CERTIFICATE			3081

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission						
a. county Montgomery Marylano	a. STATE Maryland b. COUNTY Montgomery						
b. CITY OR TOWN (if outside corporate limits. 1 c. LENGTH OF STAY IN 1b.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town						
write RURAL and give nearest town) Bethesda L day	Silver Spring // ./						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE						
Congressional Manor Sanitarium	8484 - 16th Street ON A FARM? VES NO X						
3. NAME OF First Middle DECEASED PATRICIPAL AND THE PROPERTY OF THE PROPERTY O	Last 4. DATE Month Day Year						
(Type or print) JUHN B. BUCKMA.	N OF Jan. 23, 1966						
5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24HR: Oct 19.1882 8 birthday) Months Oays Hours Min.						
Male White widoweo Divorced	yis.						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
U.S. Shipping Board Maritime	North Carolina U.S.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Samuel A. Buckman	Eva Martin						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Wife Address						
(Yes, no, or unknown) (If yes give war or dates of service) NO Improvement	lizabeth K. Buckman Same as Item 2						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN QNSET AND DEATH						
SANT & PERTY Was actioned by							
IMMEDIATE CAUSE (a) Acute Coronary Insufficiency							
Conditions, if any, which DUE TO Cardio-vascu	lar disease years						
gave rise to immediate							
cause (a), stating the DUE TO underlying cause last.							
7 (0)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
O LA TIO	PERFORMED? YES NO						
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.							
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While at work at work	My, su eet, onice bidgs, etc.)						
21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection x, Inquiry x, and in my opinio						
	icide . Homicide . Undetermined manner						
	CHIEF MEDICAL EXAMINER						
actual John Is. Ball	ASSISTANT MEDICAL EXAMINER 7						
SIGNATURE	DEPUTY MEDICAL EXAMINER X 1-23-66						
RAME (Type) JOHN G. BALL	Address (Street, city, town, or county) Bethesda, Md.						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)							
Runial 1/25/66 Louden Par	ck Baltimore, Maryland						
24. FUNERAL DIRECTOR ADDRESS MANY	yland 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Robert A. Pumphrey Bethesda, Maz.	NATION 26 1005 Primary Judge						

VR A15ME 3500 4-64





ADDRESSDC 20012

Rinaldi Funeral Home 7400 Georgia Ave., NW

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

VR AIS (4) 20M I/65 24. FUNERAL DIRECTOR



12.	1	- 1	1	Division of STATISTICAL RESEARCH AND RECORDS, 30	EPAKIMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
>	. ~ .	Mary Control	1	00879 Item #232, b, CERTIFICATE	E OF DEATH	00861
r death	uneral 1 and 1r death	1		PLACE OF DEATH. O. COUNTY ON TOMER 4 MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE b. COUNTY	te before odmission)
rs afte	y the f Pages urs afte			CLEVOR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 John)	CCITY OR TOWN (If autside corporate limits, write RURAL and give	nearest fown)
24 hau	physician and completely filled in by the funeral non please remove carban papers. Pages I and 2 aval, and id any event, within 72 haurs after death	70		H NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address)	o spreet address / D	e IS RESIDENCE ON A FARM? YES NO
within	ompletely filled in var carban paper event, within 72			NAME OF ELIZABETH ROSE CAN	PUTO 4. DATE / Month OF //3/	Day Year
ecuted	completed con contract contrac	1		6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF PIRTH 9. AGE (In years IF UNDER 1 lost birthday) Manths	
be ext	and control		10a duri	WIDOWED DIVORCED US USUAL OCCUPATION (Give kind of work dane in most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		ZEN OF WHAT UNTRY?
tificate	hysiciai n pleas val, an		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	434
oth cer	iding p it. The		1S rye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. s no, ar Jinknown) (1st yes give war ar dotes at service)	INFORMANT Address	hap men ye
the de	pryskrair. signed by the attending phys burial-transit permit. Then pl burial, crematian, ar remaval,			18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	busherd - Coligine - Para	INTERVAL BETWEEN ONSET AND DEATH
s that	d by the			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO DUE TO	11-01-1	ONSET AND DEATH
				Canditions if any, which gave inse to immediate couse (a), stating the underlying cause DUE TO	NephRopAthy Confestive Hea	+ failer
e faw	arrenaing has sen se as the h priarta		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	EHERT VISCASE WILL	19 WAS AUTOPSY PERFORMED?
AN: I	in or or ficate ha far use Health	0	CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of item 18.)	YES NO
HYSICI	by the maspiral of arearang ther this certificate has lleen be detached far use as the State Dept, af Health priar ta		MEDICAL CER		ACE OF INJURY (Home, farm 20f. (City ar town) (Cau	enty) (State)
DING	oy me Viter th be det State D		MEI	Hour o.m. p.m. 17 While Nat While of work 21. 1 certify that (I) (this hospital) attended the deceased fram	ctory, street, affice bldg , etc.)	, that (I) (we) las
ATTEN	rage 4 may be retained by the traspital of atrenaing O FUNITRAL DIRECTOR: After this certificate has lleen director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to			saw the deceased alive on 29 1966, and the	at death accurred at 2 45 M, (Lam causes and on the	ne date stated above
	AL DIRE	1		22c PHYSICIAN'S	A.D. ATTENDING MED DIRECTOR PHYS. /-	-31-66
O HOSPITA	rage 4 may O FUNIRAL I director, pag should be fil		230	NAME (Type) / HAMMOND MISH BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(County) (State)
101	-		/24	FUNERAL DIRECTOR // 6161 Leesburg P.		
	VR A15 (4) 20 M 1/66			Wington Albertin Livier Homen 1 & Church 1	TWO I LED (1990 %	and and



22c. NAME OF CEMETERY OR CREMATORY

Parklawn Cemeterv

Wisconsin A

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Rockville

24a. REC'D, BY REGISTRAR

(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors is should be detached for use as the burial-transit permit. Then please remove carban papers agges 1 and 2 should be filed the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours ofter death.	2		dire	filed	
may be related at the hospital or attending physician may be made and completely filled in by the land 3 should be detached far use as the burial-transit permit. Then please remove carban papers agges 1 and 2 shout the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	200		funera	aq pi	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban pages 1 and 2 the registrar prior to burial, cremation, at remaval, and in any event within 72 hours after death for the contraction of the registrar prior to burial, cremation, at remaval, and in any event within 72 hours after death for the contraction of the co			the f	shau	
To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to age 3 should be detached far use as the burial-transit permit. Then please remove carban papers agges 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	2		i b	and 2	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for page 3 should be detached for use as the burial-transit permit. Then please remove carban pages? Registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	2 4		lled	es 1	
To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camples page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pagers the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.			ely f	600	2
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capage 3 should be detached for use as the burial-transit permit. Then please remave carban part the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death	2		mplet	Der S	1
may be retained the hospital and are the depretation of the natural physician are made at the hospital and are the hospital and the natural physician are page 3 should be detached for use as the burial-transit permit. Then please remave carba the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours offer.	2000		o p	n pa	death
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remave the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs of the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs.	מ		70 10	arba	after
The registrar prior to buried, a the notion of the registrar prior to be remained by the alternation of the registrar prior to buried.	3		ysici	OVE	ours (
TO FUNERAL DIRECTOR: After this certificate has been signed by the altending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached for use as the burial-transit permit. Then pleas the registrar prior to burial, crematian, ar remayal, and in any event within	5		ng pr	e rem	72 h
The registrar prior to buried, and the registrar prior from the registrar prior to be buried. The remaining the registrar prior to buried by the all the registrar prior to buried, and in any event very	790		lendi	pleas	vithin
TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached far use as the burial-transit permit. The registrar prior to burial, cremation, ar remayal, and in any expensive the page 1.			the al	Then	vent v
TO FUNERAL DIRECTOR: After this certificate has been signed and personal and a standard and a st	2		d by	Į.	iny e
TO FUNERAL DIRECTOR: After this certificate has been applied or other diagrams. The business of the page 3 should be detached for use as the burial-transit the registrar prior to burial, cremation, ar remayal, and	200		igne	per	d in c
TO FUNERAL DIRECTOR: After this certificate has been agoned as the detached far use as the burial-the registrar prior to burial, crematian, at remand	14	sician	een	ransil	l, and
TO FUNERAL DIRECTOR: After this certificate page 3 should be detached for use as the but the registrar prior to buried, cremation, ar re-	200	- Phys	has b	rial-t	mava
TO FUNERAL DIRECTOR: After this certified page 3 shauld be detached far use as the registrar prior to burial, cremation,		nding	cate	ne bu	ar re
TO FUNERAL DIRECTOR: After this of page 3 should be detached for use the registrar prior to buriel, cremal		offe	ertifi	ds =	ion,
TO FUNERAL DIRECTOR: After page 3 shauld be detached for the registrar prior to burial, c			this c	Ir Use	remai
TO FUNERAL DIRECTOR: Page 3 shauld be detact the registrar prior to bur		haspi	After	ed fo	ial, c
may be relatived at page 3 should be different prior the registrar prior h		the	OR	erach	a bur
System of the registrar p		ed P	RECT	pe q	riar I
(a) State of the regist the regist	1	elain	AL D	hauld	מ יםי
S A1S (4)		ber	NER!	e 3 s	regist
S A1S (4)	ć	Hay	OF	bod	pe
	S	A1	S	4}	

00880

o. COUNTY

3. NAME OF

S. SEX

DECEASED

(Type or print)

Female

School

Nο

alive an

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

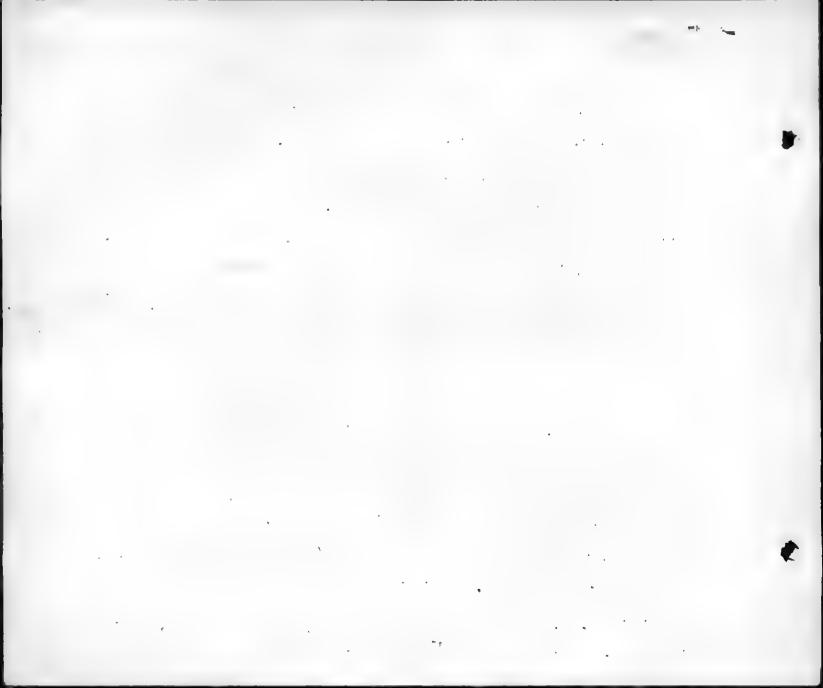
220. BURIAL, CREMATION, 226. DATE THEREOF

Robert A. Pumphrev

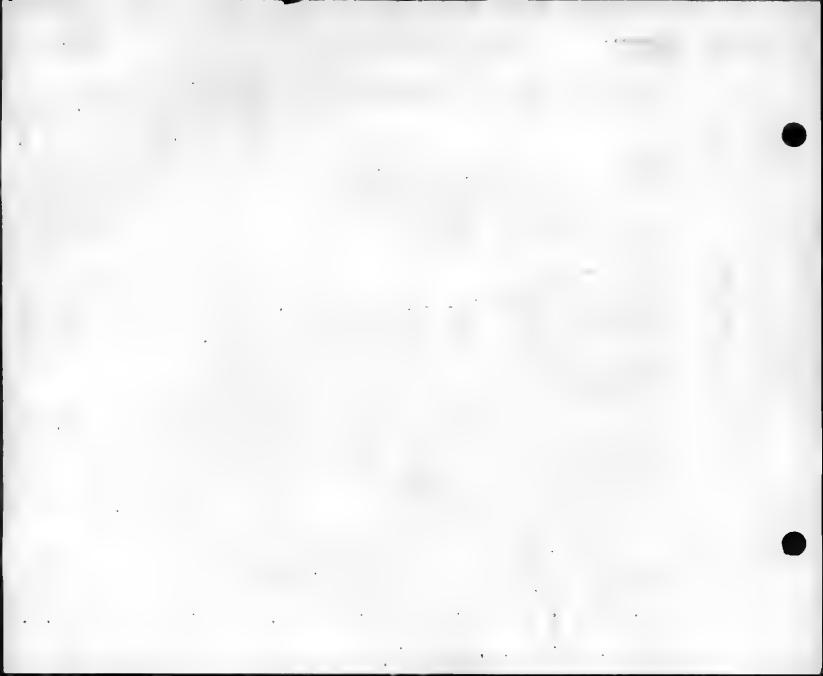
1966

ACTUAL SIGNATURE

13. FATHER'S NAME



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	VD.
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	63
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. CDUNTY b. CDUNTY	refore admission)
is necessary, to the funeral se 5 may be be partment after death.	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	nearest town)
nece the fu 5 m 5 m epart epart ter d	d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS B B #7 77 - 2 0.	IS RESIDENCE
ate ate	1 1 -1 0 171 + 1 Continuor dillitable	ON A FARM?
any dell 2, and PM3. I the St the St	3. NAME OF DECEASED (Type or print) The Carroll Death / 7	19 66
4	5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years IF UNDER 1 YEAR III Just Dirthday) Months Days	FUNDER 24 HRS Hours Min.
ive Pages with committee of the committe	male White WIDDWED DIVORCED WT 7-08 57 yrs. 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN D CDUNTRY?	F WHAT
E ≥ > 0	SOLDIER	
5 5 =	13. FATHER'S NAME Andy Carroll Mattie Martha Phillips	
f within 24 hou pencil in Item miner's Office permit, File p removal, and i	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDGIAL SECURITY ND. 17. IMFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
	Yes WW II, Korea 406-34-2932 Records, U. S. Soldiers' Home	ua propres
uted within in pencil i Examiner's arit permit, or removal	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive intrapontine hemorrhage.	VAL BETWEEN T AND DEATH
executed adding, in plical Example and transit parties, or realist	75/X DUE TD	
f be "pel Med buris	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TD	
should "word "Chief N	underlying cause last. (c)	WAS AUTOPSY
certificate sho ifing the word ded to the Chi de be used as prior to burial	7 YES	PERFORMED?
riting rided to uld be prior	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN, IN PART 1(a) YES 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) CAUSE DF DEATH.	•
LEXAMINER: This certificate should the certificate, writing the word should be forwarded to the Chief files. Tiles. TOR: Page 3 should be used as a designated agent, prior to burial, o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) 4	(State)
EXAMINER: certificationed be found be for. les. R: Page 3		in my opinior
EDICAL EXAMINED ute the certificage 4 should be your files. JIRECTOR: Page its designated a	death resulted form: Natural causes X. Accident . Suicide . Homicide . Undetermined manner .	
Y MEDICAL EXP execute the c. Page 4 shou I for your files. AL DIRECTOR: th or its design	SIGNATURE delden K. Leaf M.B. ASSISTANT MEDICAL EXAMINER [] 22.	DATE SIGNED
DEPUTY MEI lease execu- irector. Pag etained for J FUNERAL DI f Health or	EXAMINER'S BELDEN R. KEAP, MID, Address (Street, City, town, or county)	1766
O DEPUTY please es director. retained to FUNERA of Health	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) REMOVAL (Specify) Rurial 23 January 1966 Soldiers Home Natl. Washington	(State)
F 7	Burial 23 January 1966 Soldiers' Home Natl. Washington 24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR 25D. REGISTRAR'S SIGNA	D. C.
VR A15ME 3500 4-64	Daniel J. McAmis U. S. Soldiers' Home with 20 1966 gellenla Just	ege



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ľ	11 ted 6 / 18 2 2 1 / 1 1 1 1 6 5 7 5 mary		PARTMENT OF		
	DIVISION OF STATISTICAL RESEA	RCH AND RECORDS CERTIFICATI			E 1, MARYLAND
1	1. PLACE OF DEATH	CERTIFICATI			11/264
1	a. CDUNTY		a. STATE	b. COUNT	tution: Residence before admission)
ı	Montgomery	MARYLAND	Maryland	TOULGOMELY VAY	iftotett vipricgpiy
ı	write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	e RURAL and give nearest town)
,.	Wheaton	3 months	Silver Spr	ing	15 1
ı	d. NAME DF HDSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
ł	University Nursing Home		103 Eastm	oor Drive	YES NOT
I	3. NAME DF First DECEASED	Middle	Last	4. DATE Month	Day Year
ı	(Type or print) Thomas	(none) CARR	OLL	DEATH Jan.	12 1966
ı	5. SEX 6. COLOR DR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years III last birthday)	FUNDER I YEAR IF UNDER 24 HRS.
I	Male White WIDOWED	DIVORCED	7/30/1912	53 yrs.	nonths Days Hours Min.
ľ	10a USUAL DCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired) NI	ID OF BUSINESS OR	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT
ı		Estate	Glenmont	MA /	I that ITS A
1	13. FATHER'S NAME		Glenmont 14. MOTHER'S MAID	EN NAME	7 / / / / / / / / / / / / / / / / / / /
ı	Thomas Carroll Sr.		Sarah Conn	elly	
ľ	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SI (Yes, no, or unkown) ((fyes give war or dates of service)	OCIAL SECURITY NO. 17.	INFORMANT	Address	M-V
1	No. No.	3-38-5309 Mr	s. Austin D.	Banda Silver	Mc Kenney Ave.
	18. CAUSE DF DEATH [Enter only one cause per lin			EMATER	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Material	Unanh	ase.	DNSET AND DEATH
1	i U U DUE TO		1000000	7	
١	Conditions, If any, which) (b)	electrice	Carinson	a Picopon .	8 months-
ı	gave rise to immediate				
١	cause (a), stating the DUE TO underlying cause last. (c)				
İ	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIDUT	ING TO DEATH BUTNOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ARTI(a) 19. WAS AUTDPSY
1	5 lesterantes s	least dans	ano.		PERFORMED?
ı	20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of	
١	PARTII. DIHER SIGNIFICANT CONDITIONS CONTRIDUT 200. ACCIDENT WAS UNDERLYING 200. DE DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		URY OCCURRED 120e. PLAC	E OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
ı	20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. While p.m. 19 at work	- Not while -	y, street, office bldg., et	tc.)	
		at work	and w	63 to Ste 12	10/6/2 Abot (I) (ma) look
1	21. I certify that (I) (this heepital) attended saw the deceased alive on.				, 1966, that (i) (we) last nd on the date stated above.
ı	22a. SIGNATURE	, and that	death occurred agz		22b. DATE SIGNED
1	Street T. Heml	1.d M.D.	ATTENDING AR	MED. STAFF PHYS	1-12-66.
Ţ	PHYSICIAN'S /Company Wimble	m.v.	22d. ADDRESS	/ / / / / / / / / / / / / / / / / / / /	1 1 10 1
1	NAME (Type) /Seruch Kimble		927 Pleat	any De . Super	Strong, had
	23a. BURIAL, CREMATIDN, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	in or county) (State)
	Burial 1-15-66	Parklawn Ceme	teru	Rockville Mar	ul and
	24. FUNERAL DIRECTOR O Glera from 1881	ADDRESS .	enue 25a. REC	Rockville Mar	
1	Warner E. Pumphrey Inc Si	Luer Spring.	Md DATE N	17 1966	world Judge
1					

VR A15 (4) 20M 1/65



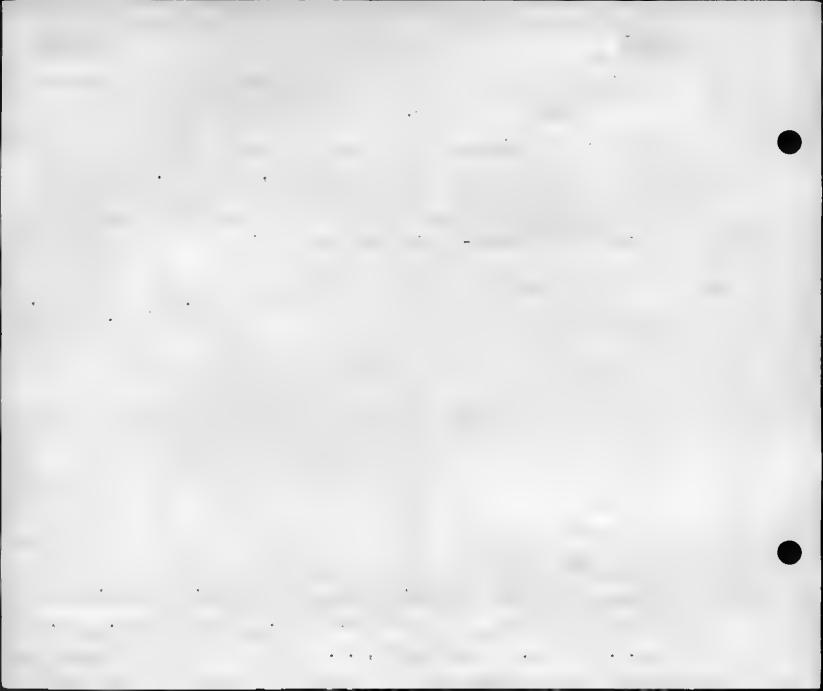
Washington.D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 [4] 20M S-63

S.H. Hines Co.

2. IISUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) b. COUNTY Monggomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO T 1966 AGE (In yours | IF UNDER I YEAR IF UNDER 24 HRS. last-buthday) Months 1 12. CITIZEN OF WHAT COUNTRY? Spain Address Manuel Casares. Jr. 7911 Kreeger Dr. Adelphi.Md. 2 HOURS PERFORMED? NO Z (Stata) (County)19.66, and that death occurred at 257M, from the causes and on the date stated above. DATE SIGNED Wash 23d, LOCATION (City, lown or county) (Stata) Montgomery Co. 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

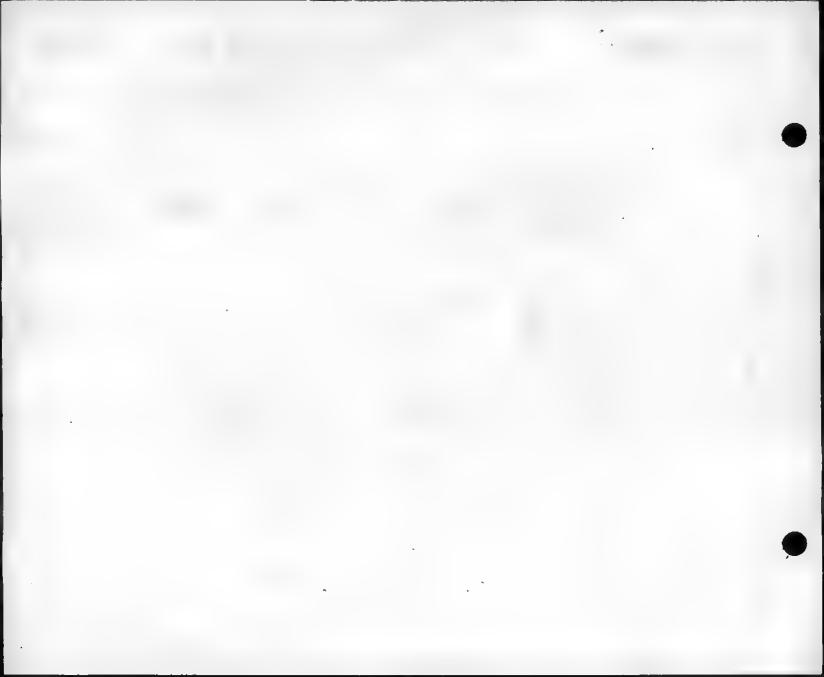


CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) . COUNTY **b. COUNTY** Mont b. CITY OR TOWN (if outlide corporate limits write RURAL and give neerest town) . IS RESIDENCE ON A FARM? YES NO DECEASED OF (Type or print) DEATH 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED MARRIED last birthday) Months Hours physician 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME .5 | [ffyes give were r detes of service] INTERVAL SETWEEN ONSET AND DEATH 18. CAUSE OF DEATH lEnter only one cause per line PART I. DEATH WAS CAUSED BY: REMIA IMMEDIATE CAUSE (e) **DUE TO** Chronic Cystitis FPROStatitis Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY DESCRIBE HOW TRUITY OCCUPED. (Enter nature of indury in Part I or Part II of Jam 18.) 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING TO CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. 20e, PLACE OF INJURY (Home, Term, 20c. TIME OF INJURY (County) (State) Month, Day, Year factory Street, office bldg., etc.) deceased from Dec 65, and that death occurred at 8 M, from the causes and on the date stated saw the deceased alive on DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 23a, BURL BY REGISTRAR 25b. REGISTRAR VR A1S [4] 15M 7-62

STREET, BALTIMORE 1, MARYLAND

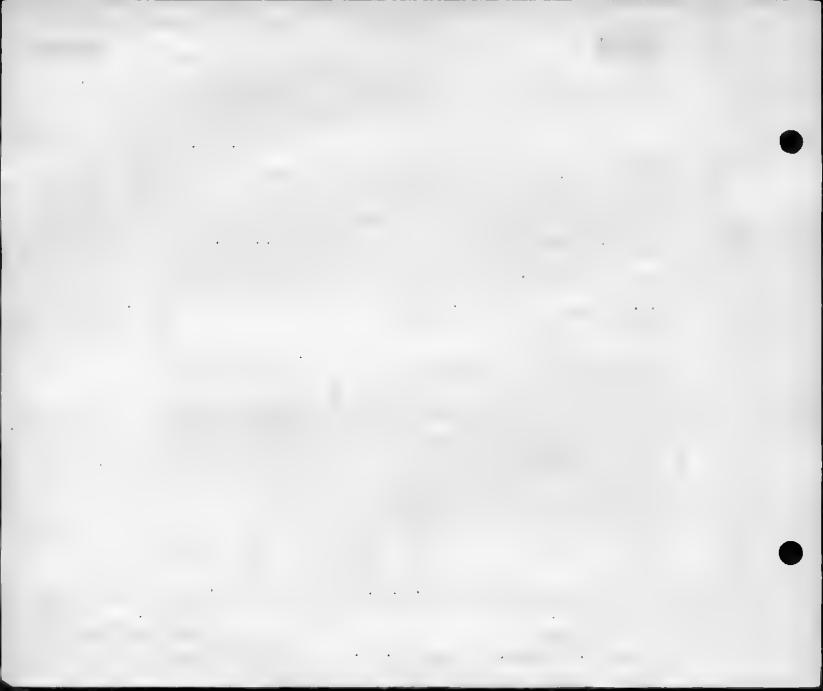


1	. 1		It		Film G375	MAKI	maile Olivin	DEPARTMENT		TH	1 MADVIANT	
		STATE	O	1885 PLACE OF DEATH	of STATISTICA ME		EXAMINER'	S CERTIFICA	ATE OF	DEATH	1)(1)	67
	IEALTH	1	1,	PLACE OF DEATH	anton	mo	≻ ✓ MARYLAN	A STATE	DENCE (Where	deceased lived, If institute of the property o	r 0	re nomission)
100000	I any detay is necessary, I, 2, and 3 to the funeral I PM3. Page 5 may be	Department after death.	7	b. CITY OR TOWN (If outside corporate id give nearest town)	limits,	LENGTH OF STAY IN		N (If outside c	orporate limits, write	RURAL and give no	earest town)
	to the	e Depa s after	1	d. NAME OF HOSPI	TAL OR INSTITUTION	(If not In ho	espital, give street address		20 -1	100001100	01	RESIDENCE N A FARM? NO M
2 4	and 3	the State 72 hours	3.	NAME OF DECEASED	First	ni_7_a,	Middle	Last	4. DAT	T-1	Day	Year
1	s 1, 2, m	2 with the within 7	5.	(Type or print) SEX 6	1 (NEVER MARRIEO	8. DATE OF BIRTH		9. AGE (In years III last birthday)	FUNDER 1 YEAR IF U	NDER 24 HRS
Ar a Ma	urs arrer peaul. It al. 18. Give Pages 1, 2. along with form P	and 2	10a dur	Nale W . USUAL OCCUPATION ing most of working	1 Mite. (Give kind of work dor life, even if retired)	WIDOWED	DIVORCED ON DO OF BUSINESS OR DOUSTRY	11. BIRTHPLAC	CE (State or for	Coyy.	12. CITIZEN OF V	
10	s arrei 18. Giv along v	ges 1 any e	13.	FATHER'S NAME	store	1	GUOR	14. MOTHER'S	MAIDEN NAME		U5a	
-	ten Ifice	File pages 1 and and In any event		Max WAS DECEASED EVE	CHOIK!	77 ES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	ie k	A y Address	Ne ul -1	Vanhel
		permit.	(**	no	yes give war or dates of se	37	79-20/9324 ne for (a), (b), and (c), j	Mrs. Paulin	e CH		SOONEW 1 ilver 5p	ring M L BETWEEN
-		nsit pe 1, or re		PART I. DEAT	H WAS CAUSED BY: MMEDIATE CAUSE (a)	Acu	te cardiore	spiratory	failure	accompan	UNGET	ANO OEATH
	should be execut word "pending" Chief Medical E	a burial-transit , cremation, or 1		Conditions, if any gave rise to in	mediate /	by	multiple li	ver absces	ses and	generali	z.ed	
-	word "pen Chief Med	as a bu riai, cr	z	underlying cause	ast. (c)	amy	loidosis.	RELATED TO THE TERMIN	NAL OISFASE CO	ON OIT ION GIVEN IN P.	ART 1(a) [19. W/	AS AUTOPSY
	certificate iting the viete to the	used as a to burial,	CERTIFICATION				DESCRIBE HOW INJURY				YES	NO NO
	R: This cert ate, writing forwarded i	3 should be agent, prior	CERTI	20a. EXTERNAL C PRIMARY Or CO CAUSE OF DEATH.	NTRIBUTING []							(Dénés)
	INER: The ificate, be forw	d agen	MEDICAL	20c. TIME OF INJ Hour a.m. p.m.	URY Month, Oay, Ye	ar 20d. I While at work	NJURY OCCURREO 208 Not While at work	PLACE OF INJURY (Hor factory, street, office blo	dg., etc.)	(City or town)	(County)	(State)
	E TOP	CTOR: Page designated		21. I certify t death resulted		of the rem	ains described above		inspect	tion (, Inquir Undetermined r	7 -2'	my opinio
P	redical cute the	your a		ACTUAL SIGNATURE	Elden	12	/ Rop		DICAL EXAMIN T MEDICAL EXA		22. 0	ATE SIGNED
	- 9 L 4	FUNERAL DIRECTOR: Health or its design		EXAMINER'S NAME (Type)	BELDEN	R	REAP	MID Audress (NER /	-31-1	1966
	please e director.	TO FUN of He	23: Z	BURIAL, CREMAT REMOVAL (Speci	FV1 en	EREOF 66	And the same	TERY OR CREMATORY	n. W	ASHING.	vn or county)	(State)
		A15ME	24			Home	4217977	S-N.W 04T	C C		arles Jud	RE
	320	0 4-64	1									A



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY Montgomery Montg. 하다. 12 년 MARYLAND by the b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Gaithersburg Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 4. IS RESIDENCE ON A FARM? Brooks. Ave YES NO. 3 NAME OF A. DATE Middle Year Month DECEASED (Type or print) 1966 Maurice Hershberger Chiswell DEATH Jan 17th carbon nt, withir 6 COLOR OR RACE T. MARRIED TENEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. les birthday) and Months WIDOWED [DIVORCED [Male White regione 10a. USUAL OCCUPATION (Give kind of work 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 1111 S Retired. Clerk. Dickerson. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lawrence A. Hattie Hershberger Chiswell 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give war or dates of service) Marjorie Waters Chiswell. As permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ģ ONSET AND DEATH Arteriosi levatic Hedrot PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) has been signed to burial-transit p 10 Disedse - As manitest gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 1 / was her - Brenchester NO Z prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of Item \$8.) fo detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 1 20s, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While 6 al work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from 46 La...., and that death occurred at saw the deceased alive on M, from the causes and on the date stated above 25 SIGNATURE DATE director, page 3 be filed with the PHYS. -DIRECTOR PHYS. HOSPITAL 22e PHYSICIAN'S 22d. ADDRESS NAME (Type) Schumacher *Mt. M. D Gaithersburg. Maryland Jack 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
Beallsville. Maryland Monocacy Ping 1 1 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) works fudge Ernest Gartner, Gaithersburg, Md. 20M 5-63

ARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00883CERTIFICATE OF DEATH and and death PLACE OF DEATH a. COUNTY Maryland Montgomery hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b sictal and completely filled in by ease remove carbon papers. Pag and in any event, within 72 hours Laytonsville Laytonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Goshen Road 00 Goshen Road O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. DATE 3. NAME OF 4. Middle DECEASED Claggett Luther DEATH (Type or print) 6. COLOR OR RACE 5. SEX DATE OF BIRTH 9. NEVER MARRIED 7. MARRIED Negro THE FUNERAL DIRECTOR: After this certificate las been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remoshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any 1907 58 WIDOWED X 10, 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luther Mollie Diggs Claggett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred a saw the deceased alive on SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF ADDRESS PHYSIC JAN'S NAME (Type) 105n Russell Shumacher Ja ck BURIAL CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. DATE THEREOF 66 Brooke Grove Cem. FUNERAL DIRECTOR

VR A15 (4) 15M 4-64

Montgomery

USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

e. IS RESIDENCE ON A FARM?

NO Month Year

1966 January

AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.

12. CITIZEN OF WHAT COUNTRY?

Address

INTERVAL BETWEEN

MARYLAND STATE DEPARTMENT OF HEALTH

DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)

(County)

M, from the causes and on the date stated above. 22b. DATE SIGNED

Laytonsville, Ma.

25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Rockville, Ma. Snowden

WAS AUTOPSY PERFORMED? NO /

(State)

(State)

YES

Gaithersburg



TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate less be signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tember carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

DHCZO

00000	OBILITION I	a vi Pariii	•		1) ().	
1. PLACE DF DEATH			E (Where dece	ased lived, If Institution:	Residence befo	re admission)
Montgomery	MARYLAND	a. STATE	land	b. COUNTY MC	ntgome	ry
b. CITY OR TOWN (if outside corporate lim		c. CITY OR TOWN (IF	outside corp	orate limits, write RUR	L and give ne	arest town)
write RURAL and give nearest town) Olnev	-1 DAY	Germant	- OI 110		,	
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADORESS	LOWIL			RESIDENCE
	77 - 74 - 7		nidaa D	a	r	A FARM?
Montgomery General 3. NAME OF First	Hospital Middle	23001 F	Ridge R	Month	Oay	Year
DECEASED (Type or print) Edith	MAE	Clark	DF DEATH	Jan.	_	19 66
E 05%		B. DATE OF BIRTH	19.	AGE (In years IFUNDE		
	WHITE THE BUNKETED !	3-7-84	1	last birthday) Months	Days Ho	urs Min.
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND DF BUSINESS DR	11. BIRTHPLACE (C	ounty & State,	or (weigh country) 12.	CITIZEN DF W	HAT
during most of working life, even if retired) HOUSEWIFE	INDUSTRY / SPECE	Virgini		1	CDUNTRY?	USA
13. FATHER'S NAME	111/4-1-	1 14. MOTHER'S MAID			-	
50000 BE MAN		ANNE	۸۸	GuyoN		
15, WAS DECEASED EVER IN U.S. ARMEO FORCES	? 16. SOCIAL SECURITY NO. 17.	INFORMANT	3473	Address		
(Yes, no, or unkown) (If yes give war or dates of servi	te) 215 - 54-5001	HOSPITAL REG	CORDS &	FAMILY		
18. CAUSE DF DEATH Enter only one cau	se per line for (a), (b), and (c).]	/				BETWEEN
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Corolinal home	ershore.			UNSELA	NO OEATH
11		1				
Conditions, If any, which \	Abromba on to	1000110				>
gave rise to Immediate OUE TO	Commence Commence	- Carron	//	, ,		
cause (a), stating the court to underlying cause last.	Chronce much	apenaus	luk.	emea	1	
	DITRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL E	DISEASE CONO	ITION GIVEN IN PART 1(a) 19. WAS	AUTDPSY
CAT					YES	FORMED?
E 20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	Injury In Par	t I or Part II of Item 1		
PARTII. OTHER SIGNIFICANT CONDITIONSC 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		•	* *			
20c. TIME DF INJURY Month, Day, Year Hour a.m.	20d. INJURY OCCURRED 20e. PLA	CE DF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (0	City or town) (C	ounty)	(State)
Hour a.m.	While Not While at work	131 atteat, billica bidg., e	10.3			
21. I certify that (I) (this hospital)		Jeg. 6.1	966 tp_	Jan . 7 , 19	66, that () (we) last
saw the deceased alive on	am 6 1966, and that	death occurred at.	3.50aM, from			
22a. SIGNATURE					DATE SIGNED	
- Frederich	moonau M.O		MED. DIRECTOR	STAFF D	n. 7	1966
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		7/	7	
Dr. Moomau		SANDY SE	RING,	MARYLAND/		=
23a. BURIAL CREMATION, 23b. DATE THERE	EOF 23c, NAME OF CEMETERY	OR CREMATORY	23d. LOC	CATION (City, town or c	ounty)	(State)
DURIAL 1/10/60	- LINDEN PA	YEK COM	1/1	VDEN, 1	V. J.	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC	C'O BY REGIS		R'S SIGNATUR	E
W.WEHAMBER	5 INC. DIL. SP.	DATAN DATAN	13 19	66 Formal	es Jud	e.

VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending broad an and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENTING PHYSICIAN: The law requires that the death certifimte be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physiciam.

> VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Ri	esidence before admission
MONTGOMERU MARYLAND	MARKIBAG MON	TOOMPRY
b. CITY OR TOWN (& outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	eng give nearest town)
TAKOMA PARK 7 days	TAKOMA PARK	1 - 18 PERIPENSE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
WASHINGTON SANITARIUM + HOSPITAL	7217 Doruce Avenue	YES NO A
3. NAME DF First Middle DECEASED	Last 4. DATE Month OF	Day Year
(Type or print) 5. SEX 16. COLOR OR RACE TO MARRIED TO NEVER MARRIED TO	8. DATE OF BIRTH 9. AGE (In years IFUNDER)	7 19 66
/ MARKIED A REVER MARKIED	last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (GIVE kind of workdone) 10b. KIND OF BUSINESS OR	2-22-/885 8 yrs. 11. BIRTHPLACE (County & State, or fereign country) 12. Cf	TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	CO	UNTRY?
13. FATHER'S NAME	14. MOTHER'S MINIDEN NAME	(5A
× ~ ~ ~		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unknwn) (If yes give war or dates of service)		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	PATIENT'S CHART	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	2 Homestles.	ONSET AND DEATH
IMMEDIATE CAUSE (a)	1 xingerrage	7777
Conditions, if any, which \ ON Clarked Reserved	the state of medical	VRS.
gave rise to immediate	1	1-1-1-
cause (a), stating the underlying cause last.	Esporesio alexa	MAYS.
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELL 202. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19UFFICKENCY	YES HO
200, ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury in Port I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bldg., etc.)	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	or 34 and cost attitude parties of costs.	
21. 1 certify that (I) (this hospital) attended the deceased from	11 to 1960 to 17th 196	that (i) (we) last
saw the deceased alive on JA 1966, and tha	t death occurred at YMM, from the causes and on the	ne date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
allest H Froumens.	D. PHYS. U DIRECTOR PHYS.	110/0-6
22c. PHYSICIAN'S (NAME (Type) 7 1/ 6 ROLL HARA	22d. ADDRESS 5 PRIA 5 57	CHILL
THE BUILDING	V OD ODERSTOOM A COM LOCATION OF A COM	mtw) ((State)
232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Shecify)	Lis Cimility Colmai Mana	inty) (State)
24. FUNERAL DIRECTOR		S SIGNATURE
18-11 1 FAT 254 Carried 21.	1,00, 1001. 11.	0 4.5
Muller Wallets Washington Til	200/2-04 N 13 1966 Juliane	1



1	II.	tems 18821 Film G373 MARYLAND STATE DEPARTMENT OF HEALTH
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		00890 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY
<u>×</u> 20 ≠ €	1	montgomery MARYLAND Maryland montgomery
essary, funeral nay be rtment death,	1	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town)
necessary o the funeral e 5 may be Department after death.	2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS / e. IS RESIDENCE
Se De De	-	CIA A TARMIT
delay reflection of the state o	3.	NAME OF FIRST Middle Last 4. DATE Month Day Year
72 Eth 733		NAME OF OCCEASED Middle Last 4. DATE Month Day Year OF OF Print) MINNIE Kate Collins DEATH 127 1966
ith. If an form P form P form P within	5.	SEX 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED 8. OATE OF BIRTH 9. AGE (ID. Yeers IF UNDER 14 EAR IF UNDER 24 HRS
ages for 2 wit	15	ternale white WIOOWED TO OIVORCED 79-1893 70 yrs.
Give Pa Give Pa g with	10a dur	LUSUAL OCCUPATION (Give kind of work done Industry) 10b. KINO OF BUSINESS OR III. BIRTHPLACE (Star or for gn Country) 12. CITIZEN OF WHAT COUNTRY3
1 5 E		HOUSENIFE ATHOME IENN. UST.
n 18. alo page in a	13	FATHER'S NAME 14. MOTHER'S MAIOEN NAME 17. MOTHER'S MAIOEN NAME 17. MOTHER'S MAIOEN NAME 17. MOTHER'S MAIOEN NAME
24 ho 1 Item Office File p	15	. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
f within 24 pencil in miner's 0 permit. F removal,		is, no, or unknown) ((tyes give was credity serviced and 16-7234 EVELVAL VELL VELL VELL SER CARINE NA
with iner iner erm emo		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
ted in particular to the contract of the contr		PART I. DEATH WAS CAUSEO BY: Cardiac tamponade due to ruptured ONSET AND DEATH
e executed anding" in edical Exar ial-transit nation, or		451X DUE TO
ld be execu "pending" f Medical I burial-tran cremation,		conditions, if any, which (b) ascending aortic aneurysm.
uld be ef Me ef Me a buri		cause (a), stating the DUE TO
shor Word Chie	Z	underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY]
EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with form les. 18. Page 3 should be used as a burial-transit permit. File pages and 2 with signated agent, prior to burial, cremation, or removal, and in abject within signated agent, prior to burial, cremation.	CERTIFICATION	PERFORMEO? YES X NO
rtificang the total to the total to the total to the total to the total	HE	
R: This certificate, writing forwarded to 3 should be a agent, prior t	CER	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Pert II of Item 18.) PRIMARY T or CONTRIBUTING CAUSE OF DEATH.
te, ' Thi orwa sho gent	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f. (City or town) (Gounty) (State)
MER fical se 3	MED	p.m. 19 at work at work
certi certi uld b s. s.		21. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspection 💢 Inquiry 💢 and in my opinion
		death resulted from: Natural causes K, Accident , Suicide , Homicide , Undetermined manner
DICA ite t your irs d		ACTUAL COLOR CHIEF MEDICAL EXAMINER 22. OATE SIGNED
execute Page if for your IAL DIRE		SIGNATURE MINER OF THE TOP OF THE
		EXAMINER'S GELDEN A LEBP M.D. address (Street, city, town, or county) AN. A1/1966
D DEPUT please director retained of Healt	23:	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
To Diegire director		FUNERALORECTORY MALE PROPERTY ADDRESS AND FIRST PARTY OF THE PROPERTY SIGNATURE
VR AI5ME	24	WARTER AND BEAS CO. INE 1400 CHILINGSI.
3500 4-64		WRSH. D.C, DEEB 4 1966 Collander Judge



N	I	tem 21 Film G372 1/2MARYLAND STATE DE	EPARTMENT OF HEALTH S. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
. 4		/ 00891 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 110573
I, V	X.	PLACE OF DEATH a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE D. GOUNTY Tllinois
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Bethesda (rural) C. LENGTH OF STAY IN 1b 8 Mo17 hs.	Herrin 5/
1/		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address U.S. Naval Hospital, NNMC, Bks.12	d. STREET ADDRESS Rt. 1, Box 297 o. 1S RESIDENCE ON A FARM? YES NO
	3.	Oppe or print) Richard Louis	Coloni 4. DATE Month Day Year Coloni DEATH January 12 19 66
	N	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH Dec. 14,1933 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Months Days Hours Min. Min.
		a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) U.S. Navy	Herrin, Illinois 12. CITIZEN OF WHAT COUNTRY! U.S.A.
		John Coloni	Juanita P. Whittaker
	- (Y	es, no, or unknown) (If yes nive war or dates of service)	aval Records
		1-, 1	to aspiration of gastric contents with alchol and barbituates
~7	ATION	underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REA	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES 7 NO 7
×	MEDICAL CERTIFICATION	PRIMARY OF CONTRIBUTING He took overdo	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	4	21. I certify that I took charge of the remains described above, h	
a		ACTUAL SIGNATURE John S. Ball - EXAMINER'S Tohn C. Ball M. D.	M.D. ASSISTANT MEDICAL EXAMINER 1/12/66
4	232	NAME (Type) John G. Ball, M. D. a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial	HERRIN, ILLINOIS
1		. FUNERAL DIRECTOR . ADORESS	ington DALAN 17 1966 Policies Judges

. 1	MARYLAND STATE DEPARTMENT OF HEALTH	DVI 4110
/	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH	RYLAND () [] (b) a
death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Resi	dence before admission)
r de	a. COUNTY a. STATE , b. COUNTY	
after y the ges 1 s after	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b., c. CITY OR TOWN (if outside corporate limits, write RURAL and	d give nearest town)
hours 1 in by S. Pag.	Takoma Park Iday thours Burtonsville	
hod i ed i 2 ho	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
executed within 24 hours after and completely filled in by the firemove carbon papers. Pages 1 in any event, within 72 hours after	Washington Sanitarium and Hospital 3504 Spencerville Road	YES NO
within pletely arbon party	3. NAME OF First Middle Last 4. DATE Month	Day Year
d w carl ent,	(Type or print) Julia · NMN COLVOSS DEATH January	4 1966
executed and com remove c	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1Y last birthday) Months Da	EAR IF UNDER 24 HRS.
and rem	remale Contre widowed & Divorced rebruant 10,1843 70 yrs.	
ysteria yease and in		ZEN OF WHAT
a, a	13. FATHER'S NAME , I MOTHER'S MAIDEN NAME	Hed States
certifica ding pi Then removal	Louis Valentine Ithhallinday some	
endi endi r re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	. + 1 mal
The lam requires that the death certificate he or attending hysician. Sate has been signed by the attending physicial use as the burial-transit permit. Then please saith prior to burial, cremation, or removal, and	NO Haspital Riebbits	
le d it p natifi		INTERVAL BETWEEN ONSET AND DEATH
at tlian. d by crer	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respirary Failure.	
ires than the property of the	DUE TO MASSIVE COLORS / Massive	
uire In In In In I	conditions, if any, which gave rise to immediate (b) Massive Cerebral According	
am requir ttendinm mas been as the bi prior to b	cause (a), stating the DUE TO Hypertensive Condiovascular Disease	
lam requires that tattendinm hysician. And been signed been signed been signed been streament to burial-tranch prior to burial, ore		19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (if EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
SREN: hospital s certific ched foi pt. of H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
the hospita this certifi detached fo e Dept. of H		
the hospita the hospita this certif detached f	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County factory, street, office bldg., etc.) 20f. (City or town) 20f. (City or to	y) (State)
सुरु हु व सु		
TECTOR: Afficient of the State	21. I certify that (I) (this hespital) attended the deceased from 77 (3), to 77 19 saw the deceased give on 1/3/6 (2) 19 and that death occurred at 2/3/2 M, from the causes and on the	that (I) (we) last
retreta 3 sh with	Saw the deceased area on and that death occurred act in this the couses and on the	E SIGNED
All bay be page page	LOZING CHINACH M.D. ATTENDING MED. STAFF - 1	4-1966
ERAL I	22c. PHYSICIAN'S 22d. ADDRESS,	,
Page 4 may O FUNERAL director, po	10 Jacques Julia	9
Page 4 may be retaine to FUNERAL DIRECTOR: director, page 3 should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Specify)	y) (State)
23	24 FINEDAL DIDECTES 1. 4 ADDRESS 1.250 DECIDEDAD SEL DECIDEDAD	SIGNATURE
VR A15 (4)	in and I wonter a control of the part of 1966 fellenley	Judge
15M 4-64		1-0-



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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove raban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any edgint, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

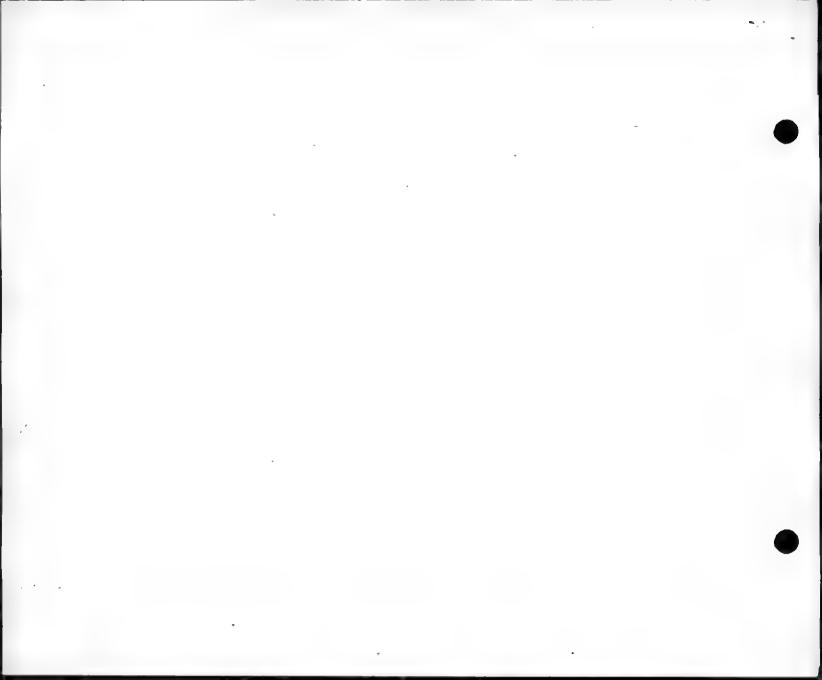
VR A15 (4) 20 M 1/66

00894	CERTIFICATI	OF DEATH		09876
PLACE OF DEATH o. COUNTY MONTAC MERCL	MARYLAND	O. STATE /NARY,	LAND b. COUNT	1. Cart Bount
b CTY OR TOWN (if outside corporate timis, write RURAL and give negrest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	corporate limits, write RUR/	. /
d. NAME OF HOSPITAL OR INSTITUTION (If not Subuchan.	hospital, give street address) HOSPITAL	4300 GLE	NRIVE	o is residence on a farm? yes \(\sqrt{NO} \)
3 NAME OF First DECEASED (Type or print)	ARY FRANCES Burto	N COYNER 4	DATE Month OF JA	N. 20 1966
FUL	WIDOWED DIVORCED	8 DATE OF BIRTH 8-13-24	9 AGE (In years lost birthdoy) 4/275.	Months Days Hours Min
Too USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Title 13 E LUIFE	106 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stee	ridge MI	12 CITUZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph	BurTon	14. MOTHER'S MAIDEN NAME Louise	= You	ng
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dates of s	16. SOCIAL SECURITY NO. 17. 577-30-9244 O	wen F.Covne		
18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	PMILLON	Se		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if only, which gove (b) (b) (ise to immediate couse (o),	Level deal	luce		Henres
stoting the underlying couse lost (c	(12 - lada	is of be	m	G-12 mg
PART II. OTHER SIGNIFICANT CONDITIONS CON 200 ACCIDENT WAS UNDERLYING 200 CONTRIBUTING CLOUSE OF DEATH (15 STHER MOTIES MEDICAL EXAMINE)	ITRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO ***
	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	f or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		ACE OF INJURY (Home, form, tory, street, office bldg , etc.)	20f (City or town)	(County) (State)
21. I certify that (I) (this hasp	tal) attended the deceased from_ 19/e(g and the	, 197 at death occurred of) 3	to dein S	, 19 Cel ; that (I) (***) last and on the date stated above
220. SIGNATURE 3	<u> </u>	11113	O. STAFF ECTOR PHYS.	22b PATE SIGNED
22c Hys Clan's HORACE W	. BERNTON		icy bive,	hevy Chase, Maryland
230 BURIAL, CREMATION, REMOVAL (Specify) Burial 1-24-6			23d. LOCATION (City or Tow Rockville.	vn) (County) (Stote) Marvland
24 FUNERAL DIRECTOR ROBERT A. PUMPHRE	ADDRESS	2So, REC'D BY		GISTRAR 5 SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		00895 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Page 13 to 15 to 1		PLACE OF DEATH O COUNTY MONTE SAME AND MARYLAND 2 USUAL RESIDENCE (Where deceosed ved if institution Residence before oam ssion) O STATE Mod b COUNTY Monte of the county many and county m
ry deloy is ond 3 to PM3 Page orfment of fter death.		b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate I mits write RURAL and give nearest town) write RURA. and give nearest town)
n dad		d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) 85/5 Roseword Disse. 85/5 Roseword Disse. 9 S RESIDENCE ON A FARM? YES NO DISSE
W W		NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED (Type or print) Tehr hype or print) Tehr hype or print)
0 00 7 700 3		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BRTH 9 AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS Mare Divorced April 1914 String Min.
1 24 hours I in Item I er's Offi ges 10 d2	1	o US.AL OCC. PATION (Give kind of work done ring most of working life, even if retired) Inancial Consultant 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or fore gn country) /12 (111/EN OF WHAT COUNTRY? COUNTRY?) Inancial Consultant 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or fore gn country) /12 (111/EN OF WHAT COUNTRY?)
d be executed within 24 d "pending" in pencil in Chief Medical Examiner's fronsit permit File pages , or removal, and in any		Charles A. Crawford Mary 5:49380
executed in family in family f		WAS DECEASED EVER IN U.S. ARMED FORCES? OF THE STATE OF
be executed "pending" ir hief Medical I onsit permit or removal, (IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BUT Shot Wounds of Chest + Aracl - Sust AND DEATH
shouls e war o the ouriol-s		Conditions, if any, which gave (b)
All man and an		stoting the underlying couse (c) (c)
	,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTOPSY PERFORMED? YES NO
뜨 그 꼭 요	CONT DOOR	200 EXTERNAL CAUSE WAS PRIMARY A Or CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INLURY OCCURRED (Enter noture of in ury in Port 1 or Port 11 of item 18) Shof Self with 25cal. Pistol.
AM e th our our	45145	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form form foctory street office bldg, etc.) 8.50 Hour om 1-25 1966 at work of work of two street of the bldg, etc.) 1966 And the street of the bldg, etc.)
LECTAL EX cose execut rector. Pog arned for y rECTOR: Pod designated		21. I certify that I tack charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry 🔣, ond in my opinia death resulted fram: Natura, causes, Accident Suicide 🔀, Homicide, Undetermined manner
Ped ple		ACTUAL SIGNATURE John & Ball MD ASSISTANT MEDICAL EXAMINER (1) 22. DATE SIGNED
o DEPUTY MEDICAL Enecessary, please exect the funeral director. Po 5 may be retained for 6 FUNERAL DIRECTOR:!!	4	EXAMINER'S NAME (Type) JOHN G. BALL DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Bethesda, Md.
the the Heer		b Burial (REMATION), 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stole) REMOVAL (Specify) 1-24-66 Arlington National Cem. Arlington, Virginia
VR ATSME (5)		4 FUNERAL DIRECTOR ADDRESS 250 RECD BY REG STRAR 256 REGISTRAR S SIGNATURE ROBERT A PLIMPHREY Bethesda Maryland. 1000 300 and 1000 300



TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1.2, and 3 to the fameral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm MN3. Page 5 may be retained for your files.

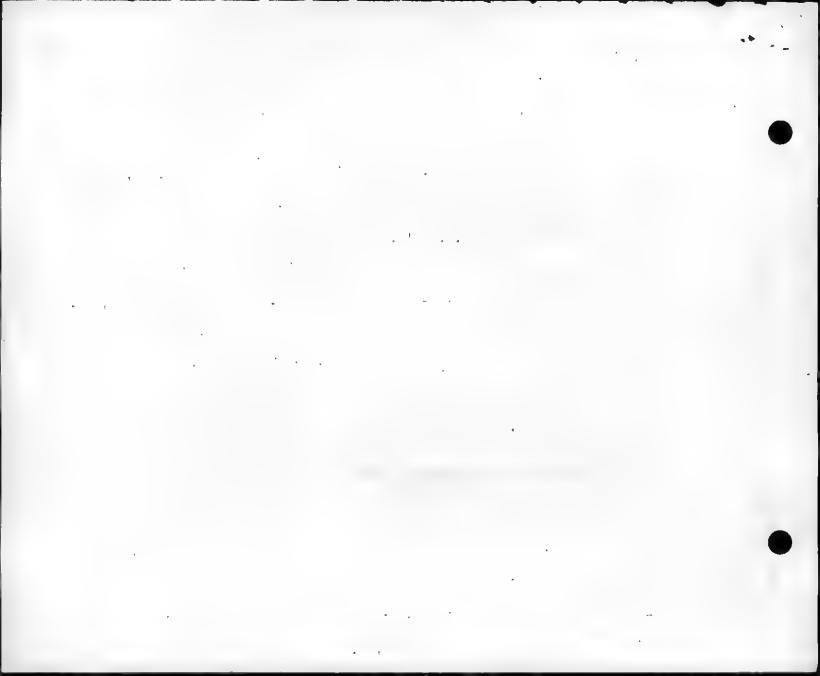
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death

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	MARYLAND	STATE DE	PARTMENT OF	HEALTH		
ATISTICAL	RESEARCH A	ND RECORDS	, 301 W. PRESTO	N STREET,	BALTIMORE 1,	MARYLAND

	O O O O	ion of STAT					, 301 W. PREST		ET, BALTIM	IORE 1, M	ARYLA	ND
	0083	0	MED	ICAL	EXAMIN	ER'S	CERTIFICA	TE OF	DEATH		1) (15.78
1.	PLACE OF BEAT e. COUNTY Mo	н ntgomery	7		Мф	RYLAND	a STATE	ence (Where I ab ama		f Institution: F COUNTY	Resi dence	before admission
F	b. CITY OR TOW write RURAL Rural-Gai	VN (If outside of and give near thersbur	orporete IIn	ilts,	c. LENGTH OF ST		c. city or town Evergree			s, write RURAL	L and glv	e nearest town
	d. NAME OF HO	SPITAL OR INST	TITUTION (if	not in ho	ospital, give street	eddress)	d. STREET ADDRI 318 Main			·		ON A FARM?
	NAME DF OECEASED (Type or print)	ROBERT	-		F . Middle	CROC	Last	4. DAT OF DEA		lonth 21,19	Day 66	Year 19
	Male	6. COLOR OR White	W	ARRIED DOWED	DIVORC	ED 🔲	1/7/1882	_ i	9. AGE (In ye. last birthd	Months .	Days	Hours Min.
du	fing most of work GOVE RNMEN	ing life, even l	of work done f retired)	1Db. Kr	ND OF BUSINESS OUT TO S. GOV t.	OR	11. ABIRTHPLACI		elgn country)	12. C	OUNTRY USA	?
13	FATHER'S NAM	1È	Cro	om			14. MOTHER'S N		Cunning			
1! (Y	5. WAS DECEASED es, no, or unkewn) NO	EVER IN U.S. AR (If yes give war o	MED FORCES r dates of servi	(2) 16. 1 (419	SOCIAL SECURITY I 9-44-3037	No. 17. Mrs	INFORMANT Betty C.	Norman	110 Ge Gaithe	dress orge S rsburg	tree, Md.	t
	18. CAUSE DF PART I. D	DEATH (Enter of EATH WAS CAUSE IMMEDIATE	SED BY:			(c).] Ins	usficen	4 A6	ute -		ONSE	RVAL BETWEEN ET AND DEATH 7.7-4/7-
	Conditions, if gove rise to cause (e), s	Immediate ((b)	C	arelio-	/AS	cular D)15e2s			40	313.
Z	PART II. OTHER		(c)	ONTRIBII	TING TO DEATH BU	T NOT RELA	TED TO THE TERMIN	AL DISFASE CO	NDITION GIVE	N IN PART 1(a)	119.	WAS AUTOPSY
CATIC		EnriPt	_								YES	PERFORMEDZ
CERTIFI	2Da. EXTERNA PRIMARY ☐ or CAUSE OF DEA	L CAUSE WAS CONTRIBUTING TH.		2Db. D	DESCRIBE HOW IN.	JURY OCCU	RRED. (Enter natur	of injury in	Part I or Pert	II of Item 18	3.)	
MEDICAL CERTIFICATION	20c. TIME OF Hour e.		, Day, Year 19	2Dd, IN While et work	Not White at work	2De. PLA factor	CE OF INJURY (Hom- ry, street, office bid)	9, farm, 20f. (., etc.)	(City or town	1) (Co	unty)	(State)
-	21. I certif	•	-	4	ains described a	bove, hei	d an Autopsy	, inspect	ion 🔀, I	inquiry 💢,	and	in my opinio
	death result	ted from: N	laturai cau:	ses 🔀	, Accident [], Sui	hormo-d *	ilcide 🔲,		ned manner		
	ACTUAL SIGNATURE	<u>Jr</u>	fm-	8-1	Ball		_M.D. ASSISTANT	ICAL EXAMINE MEDICAL EXA DICAL EXAMII	MINER	1/2/1	6 %	DATE SIGNED
	EXAMINER'S NAME (Type)	John	ı G. B	all				reet, city, tow		11-1		
23 31	a. BURIAL CREM REMOVAL (Sp IT-ITAN SI	MATION, 23b.	DATE THERE		Evergreen	n.	OR CREMATORY		cocation (cit			(State)
1 y	son Whee	ler Fune	ral He	ome 1	331 Rocky Rockville	71110	Pike DATE	REC'D BY REC	SISTRAR 25b.	REGISTRAR	'S SIGNA	

VR ALSME (5) 1/65



Bethesda, Maryland

NO X

NO F

(State)

VR AI5 (4) 20M 1/65

R.A. Pumphrey,



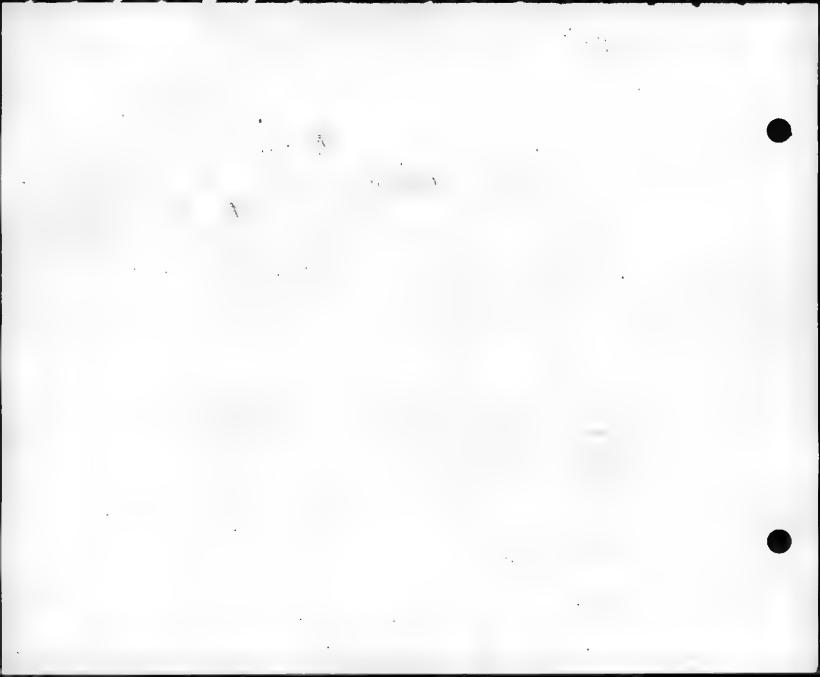
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths.

	MARYLAND STATE I	DEPARTMENT OF HEAL	TH
DIVISION OF STAT			
0898	ISTICAL RESEARCH AND RECOR	ATE OF DEATH	nneso

		1111111111
1. PLACE DF DEATH a. COUNTY .	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
Montgomery MARYLAND	a. STATE N-Y Cot b. COUNTY	
b. CITY OR TOWN (if outside corporate limits. i.e. LENCTH OF STAY IN In	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RUBAL and give nearest town)	Now VOOK C to NV	10:
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	l a. IS RESIDENCE
	16	ON A FARM?
Wash. San. & bogated Tale P.K. W.d.	350 PARK. HUE	YES NO X
3. NAME DF First Middle	Last 4. DATE Month	Day Year
(Type or print) Marie Maxwell	Cullege DEATH -	14 -1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAIL LED	8. DATE OF BIRTH 9. ACE (In years IFUNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
WIDOWED DIVORCED	2 - 2 4 - 19 86 yrs. Months	Days Hours Mill.
10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR		TIZEN OF WHAT
during most of working life, even if retired) HOUSTRY		DUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Challe H Krymers	Vitaria WOOSTER	
	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)		W. B. O.C.
no Alike V	H Martweet M.P. 3208-175	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	heart dresse	years
4200 DUE TO D 100	1	
Conditions, If any, which	and chiz	years
gave rise to immediate cause (a), stating the DUE TO		/
underlying cause last. (c) gastro mutat	homerlego.	3 weller.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
5 costro intestinal bleeding		PERFORMED?
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU	RRED, (Enter nature of Injury in Part I or Part II of Item 18.	
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	GE OF INJURY (Home, farm, 20% (City or town) (Courry, street, office bidg., etc.)	nty) (State)
Hour a.m. p,m. 19 While Not While at work	ry, street, onice bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	may 1956, to 1-14, 196	4. that (I) (we) last
	t death occurred at 8: 300 M, from the causes and on the	
22a. SIGNATURE		ATE SIGNED
SULLY TOUR	ATTENDING MED. STAFF	14-66
22c. PHYSICIAN'S	DIRECTOR PHYS. PHYS. 22d. ADDRESS	
NAME (Type) EH Markwood Mo	3208-17st Nu.	
23a. BURNAL DREMANION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		inty) (State)
REMOVAL (Specify) Tari 16, 1166	on distribution of the	/ (0.00.0)
24. FUNERAL DIRECTOR ADDRESS	25a. /REC'D BY REGISTRAR 25b. RECISTRAR	S SICNATURE
To the Jos 44 1ks 2 s ADDRESS , 4 Fi	2013 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Judas.
Frank (amport Alex to	37 DATEN 19 18661	Janos -

VR A15 (4) 20M [/65



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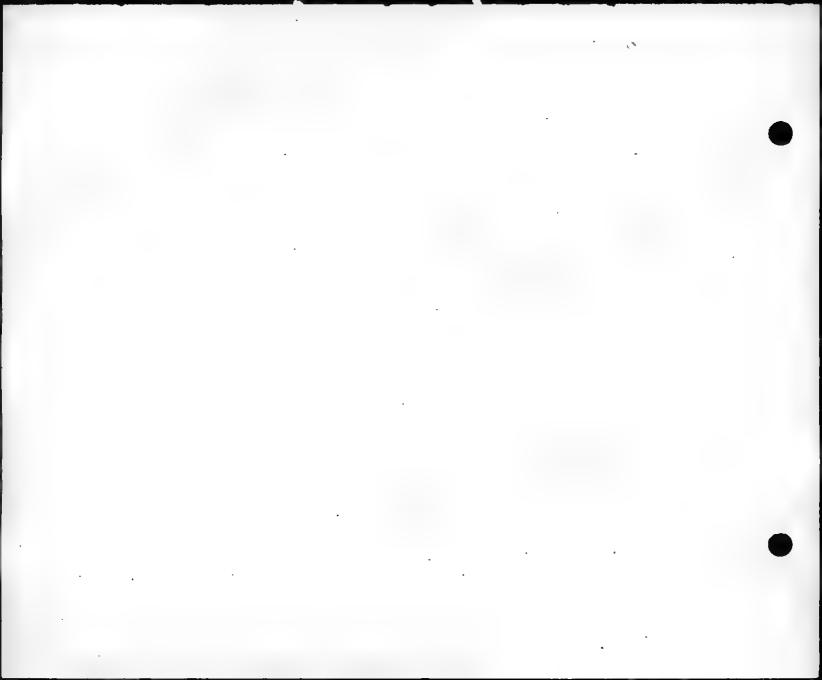
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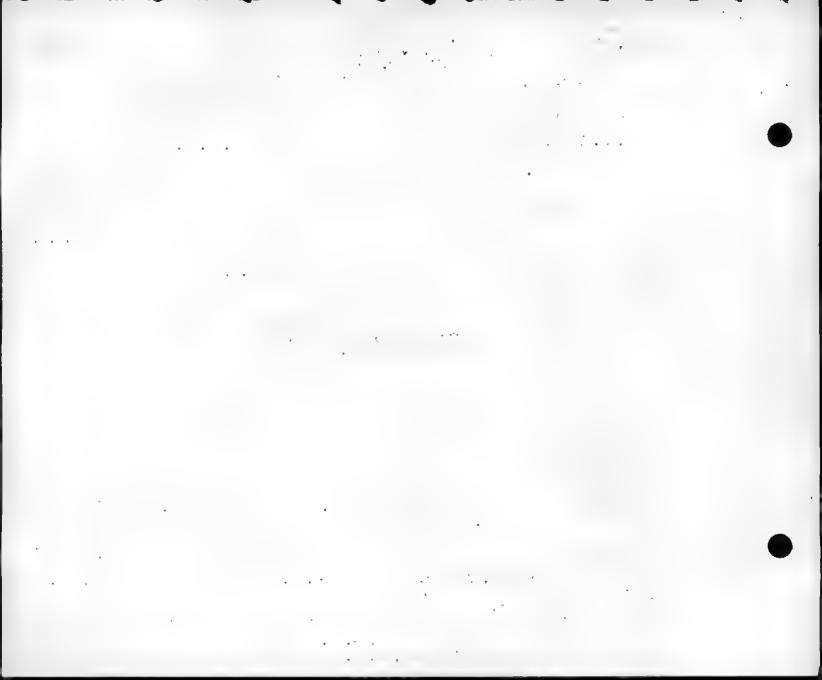
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 00	ON O		- 0. 5-////		10301
1. PLACE (F DEATH			E (Where deceased lived, If institution: R	esidence before admission)
4. 0001	Montgemery	MARYLAND	Maryla	Let Montgo	meny
b. CITY	OR TOWN (if outside corporate limits, RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RURAL	
and the same of th	oma Par.K	HI days	Takoma	a Park	1 . 1
d. NAM	OF HOSPITAL OR INSTITUTION (if not in he	spitai, give street address;			e. IS RESIDENCE
		and Hospital	1408 C	arroll Ave	ON A FARM? YES NO 2
3. NAME O		Middle	Last	4. DATE Month	Day Year
(Type of		Clement	Dant	DEATH January	1966
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [8. OATE OF BIRTH	9. AGE (In years IFUNDER	
male	white WIDOWED	O IVORCED	October 11.	1887 78 yrs. Months	Days Hours Min.
10a. USUAL O	CCUPATION (Give kind of work done 10b. K of working life, even if retired) II	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Co	unty & State, or fereign country) 12. C	ITIZEN OF WHAT
Ketir	1 / 1 1	- O. C	Virgin	1 1 1	11 1 (7)
13. FATHE		//	14. MOTHER'S MAID		
T	Homas Clemen	1 DANT	I	DA WARL	>
(Yes, No, or a	EASED EVER IN U.S. ARMED FORCES? 16. Hkown) (If yes give war or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT	Address	
no	2	20-34-8817	Hospital	Kecords	
18. CA	USE DF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN
PA	RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				ONSET AND DEATH
1.	521				
Cenditie	ons, if any, which \				
gave r	se to Immediate (
	(a), stating the OUE TO	Cenorar	IMAMA.	Pettcolon	
	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMINALD	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ICAT		4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -			PERFORMED?
PART II. 20a. AC OR CON (IF EITI	CIDENT WAS UNDERLYING 20b. I TRIBUTING CAUSE OF DEATH IER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	URREO. (Enter nature of	injury in Part I or Part II of Item 18)
	1	NJURY OCCURRED 2De. PL	ACE OF INJURY (Home, fa	rm, 20f. (City or town) (Cot	inty) (State)
0	our a.m. While	Not While fact	ory, street, office bldg., et		,
Σ	p.m. 19 at work	at work			
21.	certify that (II) (this hospital) attendo	7 1 //			(a) that((1)/(we) last
	the deceased alive on	3/ 1965, and tha	it death occurred at		he date stated above.
22a. S	IGNATURE	the state of the s	ATTENDING A	MEO. STAFF	ATE SIGNED
. 40	- woodsom	DL M.	O, PHYS.	PIRECTOR PHYS.	11,1966
22c. P	HYSICIAN'S AME (Type) W. W. EAS	TMAN	1200 Psc	rsped St. Talesma (E	so, md
	L, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y DR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
	VAL (Specify) Sam. 4-196 6	Morent Cli	ul Cimelia	Wdehing ton	WC
	AL DIRECTOR 1/1- 5-54 (-3)	LA DOBRESS.			S SIGNATURE
Hall	willeliers Worth	10 45 W	DATEAN	1 4 1968 Himme	25 Judge
		- Control		1444	

VR #15 20M 1/ 15 (4) 1/65

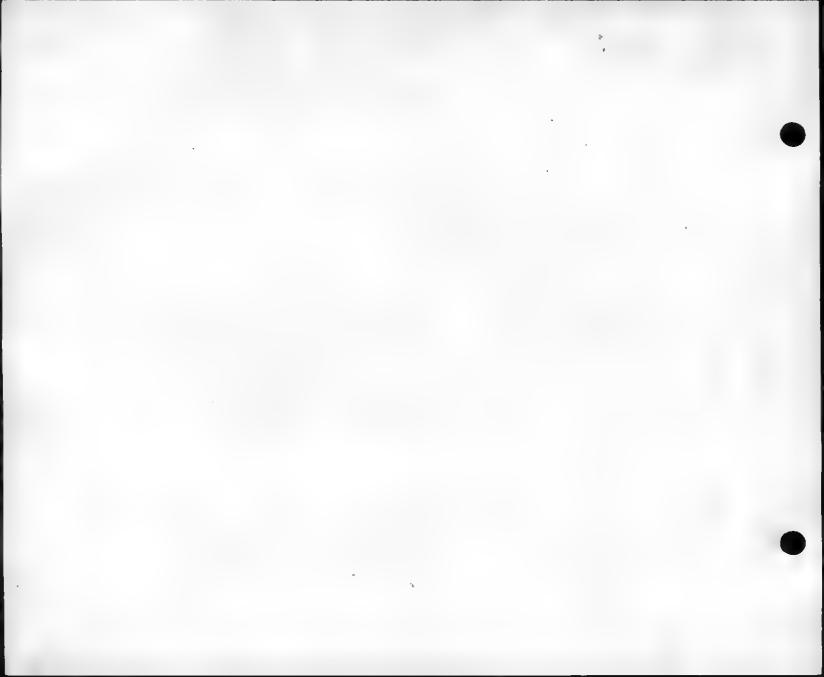


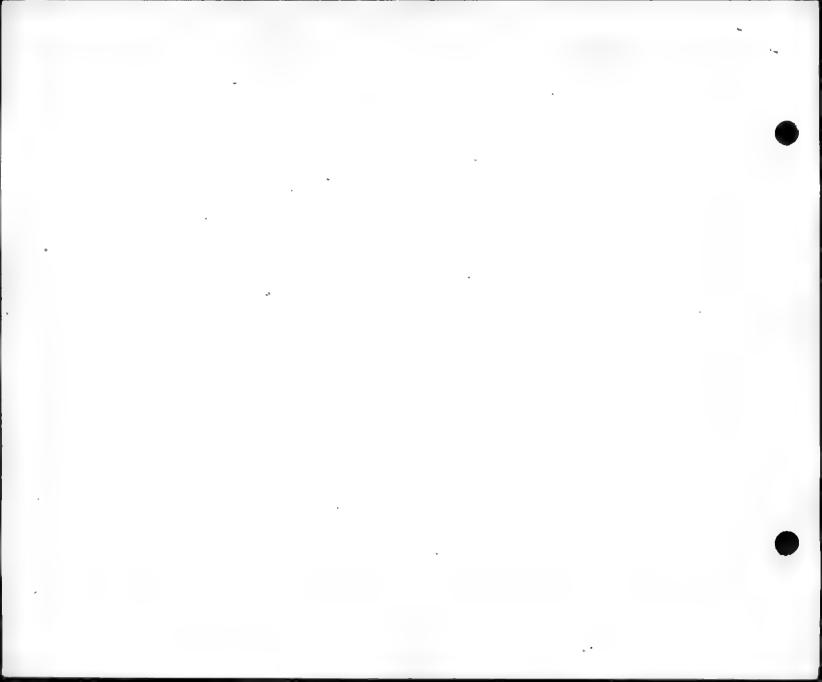
	1 (1	o odivisio	N OF STATISTIC	MARY AL RESEA	LAND STATE	TE DE	PARTMENT OF , 301 W. PRESTO	HEALT N STREE	H T, BALTIMO	RE 1, M	ARYLAND	
£	- N -	題 .	,	00300		•	CERTIF	ICAT	E OF DEATH	ı			000	82_
r death.	the funeral ges 1 and 2 after death.		1.	PLACE OF DEATH		- 1		,	2. USUAL RESIDENCE		_ b, coup	YTY	sidence before	admission)
s after	by the Pages urs aff	7		b. CITY OR TOW Write RURAL	Montgomery N (if outside corporate and give rearest town	limits,	c. LENGTH OF ST.		c. CITY OR TOWN (If	outside corp	of Columborate limits, wr		and give near	est town)
hours	.트 . 호	- }			sda (Rural) PITAL OR INSTITUTION	(If not in hos			d. STREET ADDRESS	ington	- 4	1	e. IS RI	ESIDENCE
n 24	tely filled on papers.	1	_		Naval Hosp				326 63rd	St. N	. E.		YES _	NO X
within	rbon rwit		3.	NAME DF DECEASED	Fire	t	Middle		Last	4. DATE OF	Mont			ear
ed v	completely we carbon p		5.	(Type or print)	Baby 6. COLOR OR RACE 1	. MARRIED	Girl NEVER MARRI	en Fel	DAY B. DATE OF BIRTH	DEATH 9.	AGE (In years		2 19 YEAR JIF UND	
executed			Fe	male	Negro	WIDOWED [[N	Jan. 2, 196		last birthday)		Days Hour	
pe	physician an pleaserre		10a dur	USUAL OCCUPAT Ing most of work	ION (Give kind of work d ng life, even if retired)	one 10b. KI	OF BUSINESS OUSTRY		11. BIRTHPLACE (O	ounty & State,		12. CH	UNTRY?	
certificate	physical pilot		13.	FATHER'S NAM	E				14. MOTHER'S MAIL	DEN NAME				
ertii	ding pł Then remova		15	WAS DECEASED	VER IN U.S. ARMED FOR	0562 16 6	OCIAL SECURITY N	10 1 12	Adele	D. Day	Addre			
death o	the attending I t permit. Ther ation, or remov		(YE	i, no, ar unkown)	(If yes give war or dates of	ervice)	OGIAL SECURITY	10. 17.	INFORMANT		Addre	53		
					DEATH [Enter only one						+ 2 Ob		ONSET AND	ETWEEN DEATH
that the	ned by th Il-transit II, cremat			221	ATH WAS CAUSED BY: IMMEDIATE CAUSE (710	eks gesta		naturity at	estima	tea 24			
es t	sign uria uric			Conditions, If		0 #6	cra geave	OLOII	•			- 1		
requi	been the b			gave rise to cause (a), st	immediate ating the DUE T	•								
aw.	as as		No	PART II. OTHER 5		SCONTRIBUT	ING TO DEATH BUT	INOTRELA	TED TO THE TERMINAL D	DISEASE CONI	DITIONGIVENIN	PART 1(a)	19. WAS /	AUTOPSY
The	ificate h for use Health	2	ICAT										YES X	NO [
ICIAN:	cert hed it. of	5-	CERTIFICATION	2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING DATE NG CAUSE OF DEATH IFY MEDICAL EXAMINI	20b. DE	SCRIBE HOW INJ	URY OCCU	RRED. (Enter nature of	f injury in Pa	rt I or Part II o	of item 18.)		
PHY	this this need to be the		MEDICAL	20c. TIME OF I		while	Not While	20e. PLA facto	CE OF INJURY (Home, fary, street, office bldg., e	rm, 2Df. (City or town)	(Cour	nty)	(State)
ATTENDING	- HOT W /		2		y that 🗱 (this hospi			from J	an. 2 I	966 to	Jan. 2	196	6 that (DK	(we) last
	RECTOR: A 3 should 1 with the			saw the deg	eased alive on	Jan. 2	<u>19 66,</u>	and that	death occurred at	702-W, fro	m the causes		e date state	d above.
8.3	3 = 2 2			22a. SIGNATION	Dd W. C.	///	1	M.C	ATTENDING	MED. DIRECTOR	STAFF	1		66
TAL	ERAL COL, pag	11		22c. PAYSICIA NAME (T)		W CAL	9	HILL	22d. ADDRESS					
HOSPITAL	o FUNERAL director, pa should be fi				DOUGIG				U. S. Na					
10.	F P Signal	8	23a	REMOVAL (Spe UY 1 A	(clfy) /- 7-/	966	23c. NAME OF	CEMETER)	Memoria	SUI SUI	CATION (City, to	-	MO SIGNATURE	State)
VR	AI5 (4)	0	24.	Spangle	r Funeral H	ome 524	8 Stree	t, N.		of 0		weller		
	M 1/65	10	_	/	1/2		ington,		I DATE.	- 10	J. J.		0	



1	THEMS TOWARD FILM G373 MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10901 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10501 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEAT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. COUNTY BOMERY MARYLAND 8. STATE MARYLAND b. COUNTY MARYLAND
is necessary, o the funeral e 5 may Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
the funeral the funeral 5 may Department after death	TAKOMA PARK 162hr. TAKOMA PARK
Del afte	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
delay is nd 3 to 1 Page . State D hours at	Wash. DAN. + HOSP. 7006 ASPEN AND YES NO NO.
2, and PM3. I the St	DECEASED AT A SELLING OF THE SELLING
	5 SEX 16 COLOR OF RACE L. MARRIED TO SERVE MARRIED 18 OATE OF BIRTH 19. AGE (In years LE UNDER 1 YEAR IF UNDER 24 HRS
Pages 1, 2 th form P th form P th 2 with th within	Pe. White WIDOWED DIVORCED 5-1-91 74 yrs.
4 hours after death. Item 18. Give Pages Office along with for File pages 1 and 2 v	10a. USUAL OCCUPATION (Give kind of work done and industry) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Give Give	House wide West Virginia U.S.A.
alo alo	13. FATHER'S NAME
14 hoo Hem Office File p	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
in 24 I in II 's Off It. Fil val, au	(Yes, no, or unknown) (If yes give war or dates of service) HOSO RECORDS
uted within 24 hour in pencil in Item Examiner's Office issit permit. File por removal, and in the contraction of removal of re	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
in p Exam Sit p or r	PART I. DEATH WAS CAUSED BY: Cardiac Tamponade due to hemopericardium
ild be executed "pending" in it if Medical Exan burial-transit (cremation, or r	DUE TO
be e pend Aedio urial emat	Conditions, if any, which (b) Secondary to rupture; left ventricle, due
a bu	cause (a), stating the DUE TO underlying cause last. (c) to acute myocardial infarction.
wor wor chas d as urial	, (a)
ficate shoul the word o the Chief used as a to burial,	YES NO
R: This certificate should be execuste, writing the word "pending forwarded to the Chief Medical 3 should be used as a burial-tranagent, prior to burial, cremation.	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
his c wri vardi vardi nulc	
R: T for for age	Hour a.m. While Not While factory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, held an Autopsy inspection inquiry and in my opinion
A EXAM the cert should files. TDR: Pa	death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner
DICAL E ute the ge 4 sho your file	CHIEF MEDICAL EXAMINER
Y MEDIC execute Page I for you IAL DIRE	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MADICAL EXAMINER DEPUTY MADICAL EXAMINER
	EXAMINER'S BELDEN K. REAP N. D. Address (Street, City, Town or county) DAN. 20, 1966
Heg	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) / (State)
Daga Dag	Burlat July 62. 106 annon comer in Bury never my
VP ATEME	74. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	Theorem former 207 will be 1000 - 10 MEAN 6 = 1966 from Judge

W





TO DEFITY WEDICAL EXAMPLE. This certificate should be executed within 24 hours after death, if any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. GVV-6-ges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. O FUNERAL DIRECTOR: Page of Health or its designated 2

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

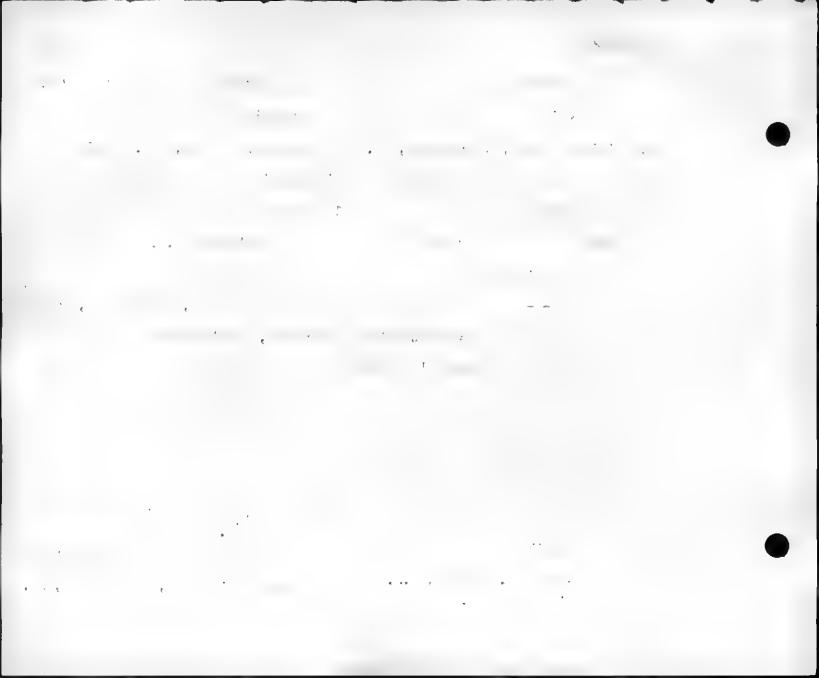
- 1													
	1. PLACE OF DEAT a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE								
		Montgomery		MARYLA	Nortgome y								
	b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY II	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
1	Olney	and Stro Hadrone for	•••,	5 hours	Sandy Spring / -/								
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not in h	ospital, give street add	d. STREET ADDRE	SS		e. IS RE	SIDENCE FARM?				
7	Montgo	mery Genera	al Hospi	ital	Chandlee Mill Rd. YES NOTE								
	3. NAME OF DECEASED		First Eddie			Last	4. DATE OF	Month		ear			
	(Type or print)					Diggs	DEATH	1-24-66					
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	90	E (In years IFUN t birthday) Mont	DER 1 YEAR IF UND				
	Female	Negro	WIDOWED	DIVORCED	7	Apr. 3,	1897 68	yrs.	na Days Hours	S INFINE.			
1	10a. USUAL OCCUPAT	IDN (Give kind of work	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE	(State or foreign co	ountry) 17	2. CITIZEN OF WHA	AT			
	Do	ing life, even if retire	(0)	NDUSIRT	Wash.	, D. C.		COUNTRY?					
	13. FATHER'S NAM	ΙĖ			14. MOTHER'S MAIDEN NAME								
	Fran	k Redmond			Ruize	Matthews							
	15. WAS DECEASED	EVER IN U.S. ARMED FO	DRCES? 16.	SOCIAL SECURITY NO.	INFORMANT		Address						
	no	(If yes give war or dates	or service)		Hospital Admission Record								
		18. CAUSE OF DEATH (Enter only one cause per-line for (a), (b) and (c), 1											
1	PART I. D	PART I. DEATH WAS CAUSED BY: DELETE Severe lobar DNSET AND DEATH											
	490	490 X DUE TO											
	Conditions, if	Conditions, if any, which) b) Angumonia right lower											
		gave rise to immediate											
		cause (a), stating the DUE TO Underlying cause last.											
	FART H. OTHER	W/ LOS TRANSPORTED TO THE PROPERTY OF THE PROP											
1	TA .								YES	NO 🗍			
~~	20a. EXTERNA	L CAUSE WAS	20b.	DESCRIBE HOW INJURY	OCCL	RRED. (Enter nature	e of Injury In Part I	or Part II of Item	n 18.)				
	PART II. OTHER 208. EXTERNA PRIMARY OF CAUSE OF DEA	CONTRIBUTING [
		Hour a.m. While Not While factory, street, office bldg., etc.)											
		p.m. 19 at work at work 21. I certify that took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion											
	geath result	ed tom: Matura	causes X	Accident	Sui		ICAL EXAMINER	leterminea man	noi [
	ACTUAL	-10000	. /	- I ho	R	11 11	_		22. DATI	E SIGNED			
,	SIGNATURE	SIGNATURE SIGNATURE LOCAL MAINER 22. DATE SIGNATURE 22. DATE SIGNATURE 1-24-66											
X	EXAMINER'S NAME (Type)	Beldan R.	Reap, 1	M. D.		/7/ 1 2/3	reet, city, town, or						
	23a. BURIAL, CREM	MATION, 236, DATE	THEREOF	23c. NAME OF CEM	ETERY	DR CREMATORY	23d_LOCAT	ION (City, town o	r county)	(State)			
1	DURIA	1 1/28/	66	Hish Ne	mo	DYIAI	Dan	ly Spr	119, N	ld.			
1	24 JUNERAL DIR	ECJOR	1 5	ADDRESS	1 .	258.	REC'D BY REGISTRA	R 25b. LEGIST	TRAR'S STGNATURE				
0)	Tokert.	I. Suorn	den	Keckvill	Md DAFE	EB 1 196	6_4	" Que	<i>*</i>				

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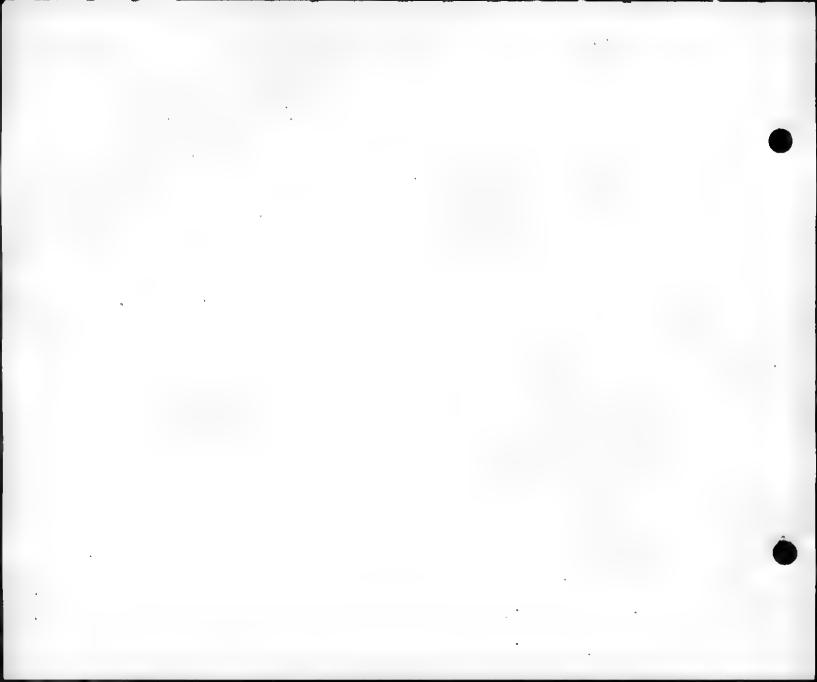


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00904 CERTIFICATE OF DEATH funeral and 2 death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH 1. a. COUNTY by the Pages 1-3 a. STATE b. COUNTY after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Prince Georges MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b vithin 72 hours hours Forestville 28 Days .⊑ Bethesda e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NOT The Clinical Center, Bethesda 14, Md. 7407 Keystone Lane. 303 YES withIn completely pou 3. NAME DE DECEASED DATE First Middle 4. Year event, (Type or print) DEATH Jamuary 25
AGE (In years | IF UNDER 1 YEAR (NMN) Trapani 19 66 HE UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9, 7. MARRIED T NEVER MARRIED remove last birthday) | Months | Days Hours in any Male White WIDOWED [DIVORCED January 1913 12. CITIZEN OF WHAT nding physician Then please re removal, and in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Dairv Washington, D.C. HSA Milkman certificate 14. MOTHER'S MAIDEN NAME FATHER'S NAME has been signed by the attending as the burial-transit permit. The prior to burial, cremation, or remov Agatha Launi Marco Di Trape 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Recordess death (Yes, no, or unkown) (If yes give war or dates of service) The Clinical Center, Bethesda 14, Maryland Not Available INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage. Peptic ulcer the hospital or attending physician. day (b) Hodgkin's Disease 3 years Conditions, If any, which gave rise to Immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY OIRECTOR. After this certificate have 3 should be detached for use led with the State Dept. of Health PERFORMED? CERTIFICATI NO F 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work retained 21. I certify that 10 (this hospital) attended the deceased from 28. December, 19.65, to 25. January 9.66, that (1) (we) last saw the deceased alive on 25. January 19.66, and that death occurred at 0:00, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE DR STAFF PHYS. ATTENDING X 25 January 1966 PHYS. M.D. DIRECTOR TO FUNERAL O director, pag should be file FO HOSPITAL Page 4 may тау 22d. ADDRESSThe PHYSICIAN'S Clinical Center, National NAME (Type) Wesley M. Vietzke, Institutes of Health, Bethesda 14, Md BURIAL, CREMATION, 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23a. REMOVAL (Specify) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 25b. 25a. 101 VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



	14	,I	tem 18 Film G372 1/2 MARYLAND STATE DEPARTMENT OF HEALTH	
-	1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. M	/ARYLAND
	0-		00905 CERTIFICATE OF DEATH	10587
	24 hours after death. filled in by the funeral apers. Pages. 1 and 2 n 72 hours after death.	1.	PLACE OF DEATH 1/2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission
	Ta Ta		2. COUNTY HONTGOMERY MARYLAND B. COUNTY HO	Leavens
	by the funds after	<i> </i>	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL)	and give nearest town
	nours of Page hours	K	Solver Spring 14d. 20 hr. Green helt Hd. 11.	-2 X
	t ho led i lers. 72 h		d. NAME OF HOSPITAL OR (NSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
		7	Holy Cross Hospital 18537 Glenn DALE Rd.	YES NO
	executed within and completely remove carbon in any event, within	3.	NAME OF First Middle Last 4. OATE Month OF OF	Day Year
	w confile we confile event,		(Type or print) (hristopher E Declittle DEATH /	15 1966
	and cone emove any ev	3.	last birthday) Months I	Days Hours Min.
		10	WIDOWED DIVORCED 10/1/65 yrs. 3 B. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
	be be cian ease and in	du	ing most of working life, even if retired) INDUSTRY	OUNTRY?
	# F = -	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	43
	ndite physicate physical physical removal, c		Robert E Deslittle Elmin Hadde	rek
	ath cer mattendar. 7	1	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address POBERT & DOOLITTLE GREE	-140
	trending physician. has been signed by the atters as the burial-transit permit prior to burial, cremation, or	7	ROBERT & DOOLITILE GREE	N BELTM.
	the de	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	es that the physician. signed by the urial-transit urial, crema		PART I. DEATH WAS CAUSED BY: Star Star	ONGEL AND DEATH
	physical signer signer signer signer purial.		3401 DUE TO Serration .	
	g physical physical sign sign sign burial		Conditions, if any, which (b) (b) (b)	
	aw requir		cause (a), stating the DUE TO underlying cause last. (c) Pneumococcus	
	atten has h prid	Se	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
	VG PHYSICIAN: The law requires that the by the hospital or attending physician, ter this certificate has been signed by detached for use as the burial transtate Dept. of Health prior to burial, ore	CERTIFICAT		YES NO
	JAN: 1	쉬를	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18	.) <u> </u>
	the hospital this certific detached for Dept. of H		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PHYSI the hard the hard this detac	MEDICAL	A SALAR SALA	unty) (State)
	= = -0	ME	p.m. 19 at work at work	
	END ined ined ould the	П	21. I certify that (I) (this hospital) attended the deceased from 194, 1966 to 115, 19	that (I) (we) las
_	or attent y be retaine director: age 3 should lied with the		saw the deceased alive on	he date stated above ATE SIGNED
	Se de		Man & Mones M.D. ATTENDING THEOLOGY STAFF 1/2	1stac
	TAL may YAL pa		22c. PHYSICIAN'S	7 6 1
	O HOSPITAL OR ATTENDIN Page 4 may be retained b O FUNERAL DIRECTOR: Aft director, page 3 should b should be filed with the St		NAME (Type) MARNIN MONES 3503 1110 PRING ST)	y sudiani
	Page O Plage direction Shot	23	- DEMOVAL (Specify)	
	8	24	, and a second s	
	VR AIS (4)		7 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Judge
	2DM 1/65		- G35Ch1530N5 4739 13217.17 US, Nya HSU. 14 HARAN IJ 1960 1	0-0-
			3 -11140	



TO FULLIAL DESCRIPS: Then this certificate has been signed by the attending shysicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after seets. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

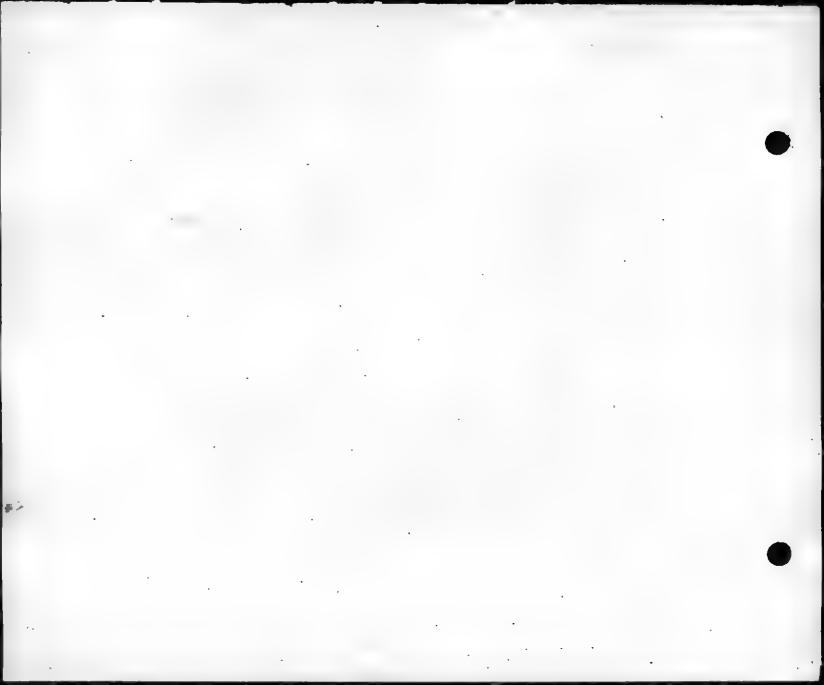
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OFRTIFICATE OF DEATH

-1		OERTHIOATE OF BEATH
	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE 7. b. COUNTY
	_	MONTGONERY MARYLAND MA. Mand In Grane
1	^	b. CITY OR TOWN (if outside corporate limits, write RURAL and live neares fown) write RURAL and give neares town)
1	<u>5</u>	IVER Spring 2mo-18days devel
	gen.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ł	4	IRIAND NURSing Home 210 (FAIRLAND RD 1313) albatt Greene YES NO 18
1	3.	NAME DF First Middle Last 4. DATE Month Day Year DECEASED
ŀ	5.	(Type or print) 4664 ORSEY DEATH 19 (de) SEX 6. COLOR OR RACE 7 MARRIED NEVED MARRIED 8. DATE OF BINTH 19. AGE (in years) IF UNDER 1 YEAR IF UNDER 24 HRS.
1		MARKED NEVER MARKED 17 Months Days Hours Min.
1	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
1		ng most of working life, even if retired) INDUSTRY
ŀ	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Į		11/00 × 8
1	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address
	(Ye	no, or unkown) (If yes give war or dates of service) 216-46-2010 Means a Barton Laurel And
	Ĭ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
	-	451X : DUE TO V
ı		Conditions, if any, which a Venture mitta audiquement lights william
ı	ı	gave rise to immediate cause (a), stating the DUE TO
Į	إي	underlying cause last. (c) Chicked William Blue D
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
Į	됢	20c. YIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
I	MEDICAL	Hour a.m. p.m. While Not While at work at work
	Σ	21. certify that (i) (this hospital) attended the deceased from 19 19 to 19 to 19 that (i) two last
1		say the deceased alive on the late stated above.
1		22a. SIDNATURE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1	- 1	M.D. PHYS. DIRECTOR DIRECTOR DIVERS. DIVERS OF GOLD
	j	22c. PHYSICIAN'S NAME (Type) ROBER T (M), NGFIT-W LOWERS
1	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		Burial 1-8-66 Clarrey Family Cene amapalia limition
1	24.	FUNERAL DIRECTOR 250. REGISTRAP SIGNATURE
	4	De grill Din al deson mil MAN 11 1966 Peliorlas Judge
-		Mating Without a second

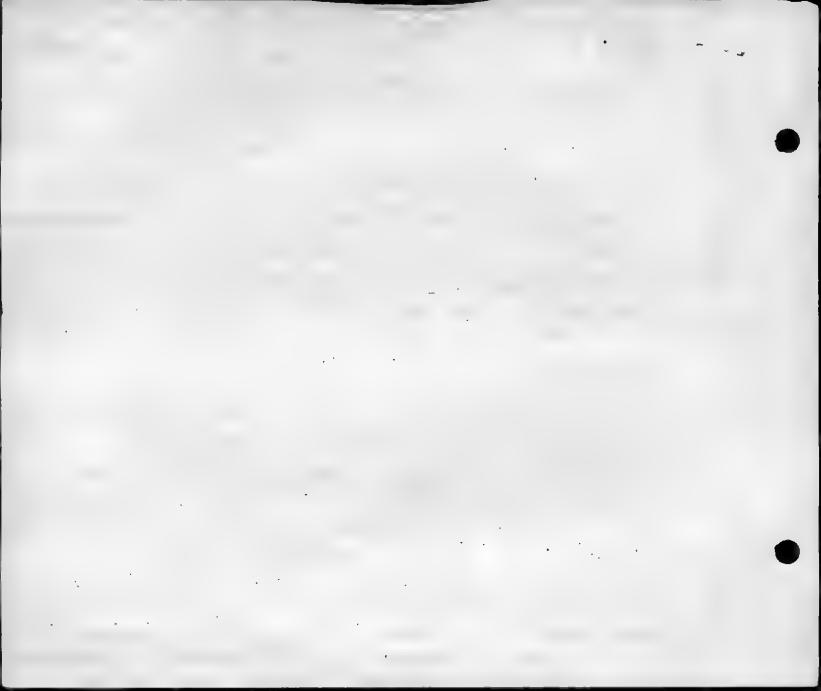
VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF FOR STARE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Page to death. delay Department C LENGTH OF STAY IN 16 b CITY OR TOWN (flowtside corporate limits c EITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) and P.M.3. Years write RURAL and one nearest town) after 7150 d. NAME OF HOSPITAL d STREET ADDRESS in penal in Item 18. Give Pages 1, haurs ve State D Office alang with NAME OF Middle Fist Doy Year DECEASED OF 1040 Jan 30 1966 ď, (Type or print) DEATH and Z with event SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years NEVER MARRIED dest bispiday) WIDOWED DIVORCED pages land 10b. K ND OF BUSINESS OR BIRTHPLACE (State or fare gn country) 2 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any the Chief Medical Examiner 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCA, SECURITY NO INFORMANI permit. removal, (If yes give war at dates of service 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY HyPothermiz ö IMMED ATE CAUSE (a) cert.ficate should writing the ward burial, crematian, DHE TO Exrosure to Snow + cold- Weather. Conditions, if any, which gave rise to immediate cause (a), farwarded ta DUE TO stating the underlying cause 0 last. 9 nseq 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) CERTIF CATION NO pe D. 20a EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18.) designated agent, prior 3 shauld shauld MED CAL 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Manth, Day, Year (County) (State) Nat While factory street, office bldg., etc.) Whife may be retained for yaur FUNERAL DIRECTOR: Page Etchison Morst gennery Nich 1966 at work at wark 21. I certify that I taok charge of the remains described above, held an Autopsy [Inspection X ond in my opinion the funeral director. Accident X Natural causes death resulted from: Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER 5 may be reta
TO FUNERAL DII
Health at its d ACTUAL 22. DATE SIGNED 2/3/66 SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (State) (County) REGISTRAR'S SIGNATURE 25b VR A15ME (5: Meliantes



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) a. COUNTY b. COUNTY hours by the and 2 on Bomeau MARYLAND death, b. CITY OR TOWN (if outside corporeta limits,
write RURAL and one negrest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) within 24 filled in b after Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE hours ON A FARM? Idnooke YES NO IZ completely papers. NAME OF Middle DATE DECEASED OF (Type or print) DEATH 1966 LIBRARIA remove carbon any event, withi 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH JF UNDER 24 HRS. pue us last birthday) Months Days WIDOWED IL DIVORCED lemale IЬ e mber 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physidia done during most of working life, even if retired any House WI 14. MOTHER'S MAIDEN NAME attending pt Then please o oval, and in a 13. FATHER'S NAME HORNE man 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address requires that the removal (Yes, no, or unkown) (If yes pive wer or detecof service) signed by the Sailhersbury permit. 18. CAUSE OF DEATH [Enler only one cause per lipe for (e), (b), and (c). physician. INTERVAL BETWE P PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) cremation, burial-transi? **DUE TO** attending peen Conditions, if eny, which neve rise to immediate cause DUF TO la), sleting the underlying burill, has cause last, 후 PHYSICIAN: hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH After this certificate ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY S. 0 PERFORMED? NO X use prior 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of ilem 18.) for Health DIRECTOR: After many be defached f (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL ATTENDING 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldo., etc.) While Not While 70 et work at work State Dept, Ythis hospital) 21. I certify that attended the deceased from... 19:30, that ((1)) (we) last .1960, and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING SIGNED r) director, page 3 PHYS. DIRECTOR PHYS. M.D. HOSPITAL Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 7 (Steta) REMOVAL (Specify) Prince Geo. Burial Cedar Hill Cemetery 26/65 24. FUNERAL DIRECTOR'S SIGNATURE 251, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) Rockville. Maryland 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admiss as a. COUNTY Poge Deportment of MARYLAND delay b CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate Km ts, write RURAL and give nearest tawn) ond write RURAL and give nearest town) d NAME OF HOSP TAL OR, INSTITUT ON (If-not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS form sung9 in Item 18. Give Pages 1, with the State D within 72 hours YES NO IX be executed within 24 hours ofter death. Office along with 3 NAME OF First Middle Lost DATE Month DECEASED (Type or pnnt) the OF JAN' DEATH 5 SEX AGE (In years IF UNDER YFAR 6 COLOR OR RACE NEVER MARR ED DATE OF BIRTH 7 MARRIED last birthday) Dovs WIDOWED DIVORCED event Š poges land2 in ony event 10a USUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUSINESS OR BIRTHPLACE (State or fare an country) 12 CIT ZEN OF WHAT during most of working life Deven if retired) INDUSTRY COUNTRY? Chief Medical Examiners pencil 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME E e pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO INFORMANT Address /2/ permit. (Yes, no, ar unknown) (If yes give war ar dates of service) "pending" removal. /B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) This certificate should writing the word cremotion, DUE TO Sudden Canditians, fany, which gove rise to immediate couse (a), farwarded to DUE TO stating the underlying couse 0 9 buriol, nsed 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) YES X ņ 2 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.) 3 should Poge 4 should Drove his car in to bridge abuttoment its designoted ogent, 2De PLACE OF INJURY (Hame, farm, 20f (City or town) 20c. TIME OF NURY Manth, Doy, Year 20d INJURY OCCURRED (County) (State) factory street, office bldg., etc.) Haur_a m Nat While While DIRECTOR: Poge While at wark Bethesda. 1966 MA 45 am at wark 21. I certify that I took charge of the remains described above, held an Autapsy M. Inspection X Inquiry 3d. Accident X the funeral director death resulted fram: Natural causes Suicide Hamicide | Undetermined manner moy be retained FUNERAL DIRECTO CHIEF MEDICAL EXAM.NER ACTUAL 22. DATE SIGNED SIGNATURE TO DEPUTY 5 moy be TO FUNERAL Heolth or i DEPUTY MEDICAL EXAMINER

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

Address (Street, city, tawn, or county)

FOR B 4 PEGISTRAR

LOCATION (City or Town)

1966

(Caunty)

256 REGISTRAR'S SIGNATURE

VR A15ME (5)

6M 1/66

EXAMINER'S NAME (Type)

23a BURIAL, CREMATION,

REMOVAL (Specify)

23b DATE THEREOF



THE FUNERAL DIRECTOR: After this certificate has been signed by " attending hyster and completely filled in by the foreign director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. elecuted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate begin 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

003.0	7, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
Montgomery	1732 N. Veitch St. Arlangton						
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)						
write RURAL and give nearest town) 2 months	Arlington						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE						
University Nursing Home	ON A FARM?						
	YES ND						
3. NAME DF First Middle DECEASED Anna Latruite Duifey	Last 4. DATE Jan Month 900 Day Year						
(Type or print) Aittid Datitude Datitud	DEATH 0:40 P.M. 19						
7. MARKIES NEVER MARKIES -	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.						
F Caus. WIDOWED DIVORCED	3/2//18/3 92 yrs. Months Days Hours Mill.						
10a. USUAL OCCUPATION (Glye kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT						
- Music Teacher	Midaleburg, Virginia COUNTRY? 5. A						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Samuel E. Duffey	Amanda Smith						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 1732 N Veilel.						
(Yas, no, or unkown) (If yes give war or dates of service) 218-40-4015	Or Olli Citi Citi						
18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH						
IMMEDIATE CAUSE (a) Contain release	he great peral grey						
4200 DUE TO 0 0.0	10						
Conditions, If any, which (b) Screening of	fleenelceois ala,						
geve rise to immediate cause (a), stating the DUE TO	O						
underlying cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
I.CA.	YES NO Z						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE SEEN THE PART OF THE	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)						
3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
20c. Time Of INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 at work at work	ry, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from	// - 1965 to 1-57-, 1966, that (I) (we) last						
saw the deceased alive on	t death occurred at 6 5 km, from the causes and on the date stated above.						
22a. SIGNATURE	22b. DATE SIGNED						
Duni H. Colam M.	ATTENDING MED. STAFF 1-21-66						
22c. PHYSICIAN'S), PHYS DIRECTOR PHYS						
NAME (Type) IRWIN H. ARDAM, G.D.	1712- I-St. L.W. WASH 6, D.C						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
REMOVAL (Specify)	- 1 / Chaluna 1/6						
24. FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
P 7' 2 moutely	MAN DA 1000 APT						
I applou ullia to	7-74 C I DAIL						
V	JAN 2 = 1956 / Charles Judge						



	MARYLAND STATE DEPARTMENT OF HEALTH						
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
	00911 CERTIFICATE OF DEATH	118692					
1. PLACE DF DEATH a. COUNTY b. COUNTY b. COUNTY							
	IVIONTGOMERY MARYLAND WITHS.						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and limits, write	give nearest town)					
3	DILVER OPRING I'M MOS. I WARCESTER 52.						
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
17	HEW CHASE NURSING CONVALESCENT CENTER 37 KENWOOD AVE	YES NO V					
3.	NAME DF First Middle Last 4. DATE Month D	ay Year					
	(Type or print) PHILIP Henry DUPREY DEATH JAN. 21	1966					
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER1 YE						
	MALE WHATE WIDOWED DIVORCED 9/29/78 Sage thirthous Day	s Hours Min.					
¥		N OF WHAT					
	Real State West Boyleston, Mass. U.S.	1.12					
M.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
	Unknown Duprey Unknown Du Bois						
1	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	C . Al 14					
ľ	No None Unobtainable Mrs. Mary D. Hoehling 3423 Oliver	St. IV.W.					
=	1 18. CAUSE DF DFATH (Enter only one cause per line for (a), (b), and (c), 1	TERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: ARTERIOSCLEROTIC HEART DISEASE	NSET AND DEATH					
	7200 DUE TO						
	Conditions, If any, which (b)						
ш	gave rise to immediate (
	cause (a), stating the DUE TO underlying cause last.						
5		9. WAS AUTOPSY					
P. P.	CEREBRAL ARTERIOSCLEROSIS	PERFORMED?					
IE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)						
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)						
봉	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County)	(State)					
MEDICAL	Hour a.m. yhile Not While at work at work at work						
≥	21. I certify that (11) (this hospital) attended the deceased from MAY , 1965 to JAX 21 , 1966,	that (I) (we) last					
Н	saw the deceased alive on JAN - 8 1966, and that death occurred at KAM, from the causes and on the d	ate stated above.					
ı	22a. SIGNATURE // 22b. , DATE						
L	M.D. ATTENDING MED. STAFF /2//	66					
	22c. PHYSICIAN'S 1	- 700					
	NAME (Type) (TENRY D. ECKER 917-20 "ST. N.W WASHIN	GTONLC.					
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
1	Rurial 1-24-66 Notre Dame Worcester, Mass.						
2	24. FUNERAL OMECTOR 24. FUNERAL OMECTOR 252. REC'D BY REGISTRAR'S SIGNATURE 253. REC'D BY REGISTRAR'S SIGNATURE 254. REC'D BY REGISTRAR'S SIGNATURE 255. REC'D BY REGISTRAR'S SIGNATURE						
1/11	General Dumphron Due 8434 Georgia Hvenne MAN 95 1055 Williams 1	redge.					

25a. DATE

Avenue a_Md_

VR AI5 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this cartificate has been signed by the atminding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath.

X W

FAS 5.

APPROVE

AND

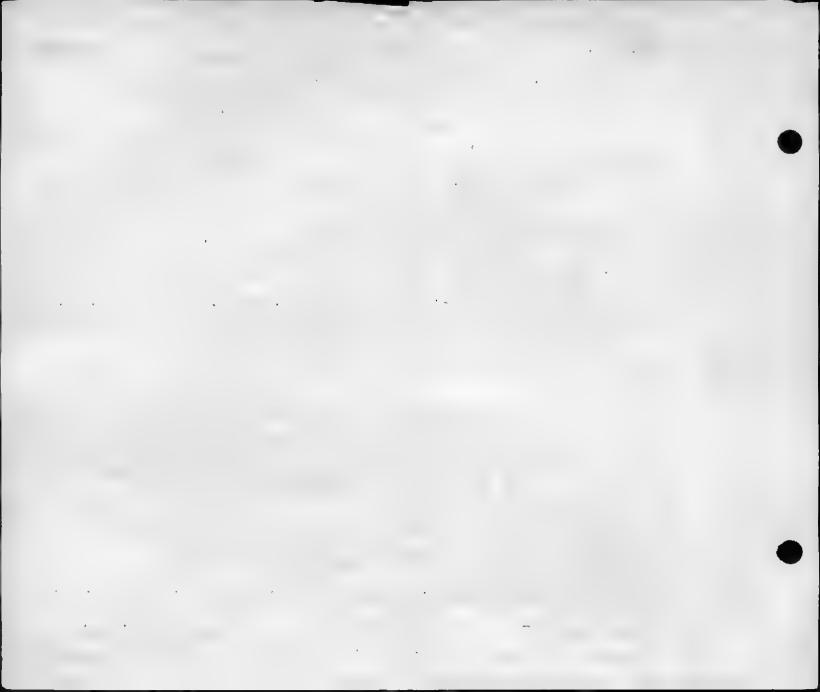
RETAR

De 23a.

Varner

MEDICAL CERTIFICATION NOT FEED

THERFITAL OR ATTENDING PHYSICIAN: The law requirem that the demth certificate be executed within 24 hours after Meath. Page 4 may be retained by the hospital or attending physician.



FOR STATE HEALTH DEPT.

ressary, funeral Page 5 may be pages Trand 2 with the State Department in any event within 72 hours after death. to the TO DEPUTY MEDIAL. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pagretained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File of Health or its designated agent, prior to burlal, cremation, or removal, and

> VR ALSME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH					
2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission					
a. STATE XAd_ b. COUNTY Mantgomery					
Gaithers burg = 1 1					
d. STREET ADDRESS e. IS RESIDENCE					
Howkins Creamy + Woodfield Royes & NO [
Lest 4. DATE Month Day Year					
Dula 11 DEATH JON - 22 1966					
8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR					
11 / 11 / RC last birthday) Months Days Hours Min.					
12. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT					
COUNTRY2					
Marg/zny. 7.5.A.					
14. MOTHER'S MAIDEN NAME					
Sarah Catherine King					
INFORMANT Address					
Herbert Duvall, Olney, Md.					
INTERVAL BETWEEN					
nsofficency deute OBSET AND DEATH					
scular Disease. Years.					
1000					
LATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) 19. WAS AUTOPSY					
PERFORMED?					
CURREO. (Enter nature of injury in Part I or Part II of Item 18.)					
ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
tory, street, office bldg., etc.)					
eld an Autopsy 🔲, 🛘 Inspection 🔀 🗸 Inquiry 🔼, 🔝 and In my opinio					
ulcide . Homicide , Undetermined manner					
CHIEF MEDICAL EXAMINER					
M.D. ASSISTANT MEDICAL EXAMINER					
DEPUTY MEDICAL EXAMINER DA 1/22/66					
Address (Street, city, town, or county) Bethesda, Md.					
RY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
Burial Jan. 25.1966 Damascus Meth. Damascus Md.					
25a. REC'D BY REGISTRAR 250 REGISTRAN'S SIGNATURE					
Olin L. Molesworth, Damascus, Md.					



Item 18 Film G373 2/WARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH funeral and 2 r death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY a. STATE b. COUNTY by the furnishes 1 urs after Montgomery MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. re-.Ξ Olnev 58 days Burtonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? within 72 Montgomery General Hospital YES NO w 2720 Duvall Road within completely carbon 3. NAME DE DATE Month Year Middie 4. DECEASED DF event, (Type or print) DEATH IRA AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. executed гетоле 6. COLOR OR RACE OATE OF BURITH 7. MARRIED **NEVER MARRIEO** last birthday) Months | Days Hours any and WIOOWED T Female White WIOOWED DIVORCED

10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR DIVORCED [March abox 1.893 = 12. CITIZEN OF WHAT sician 11. BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired) and INDUSTRY **COUNTRY?** Wife Home Maryland USA attending physermit. Then pl removaí. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Thomas Groomes Caroline Howes transit permit. 15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) NO Medical Records Olney, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. CEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO 3 weeks Conditions, If any, which (b) gave rise to immediate OUE TO cause (a), stating has be as th prior 1 underlying cause last. Encephalitis CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use PERFORMED? certificate NO [YESNZ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 0.0 OR CONTRIBUTING TO CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) . After this cer ald be detached he State Dept. o MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from 1944, that (I) (we) last OIRECTOR: Jage 3 should lied with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. OATE SIGNED page ATTENOING PHYS. MED. STAFF DIRECTOR PHYS. M.O. may 22d. ADDRÉSS O FUNERAL PHYSICIAN'S director, p NAME (Type) A.Dement Bonifant Sandy Spring, Md BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. (State) REMOVAL (Specify) Burial L-23-66 Burtonsville Md.
REC'O BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE Eurtonsville Union 24. FUNERAL DIRECTOR Francis H. Barber Laytonsville, Md.

VR AI5 (4) 20M I/65
FOR STATE HEALTH DEPT.

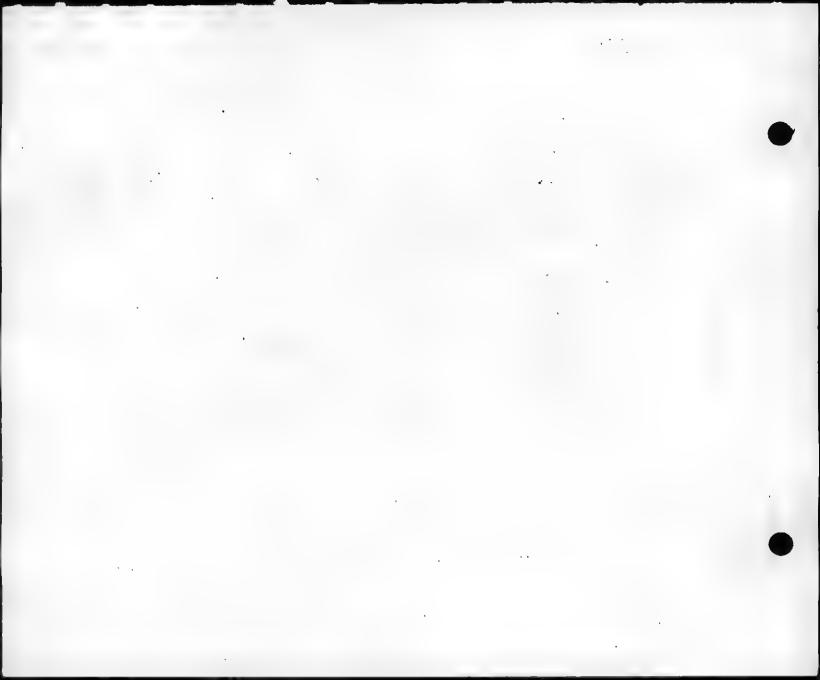
TO DEPUTY MEDIC. EXAMINER: This pertificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in an own within 72 hours after death.

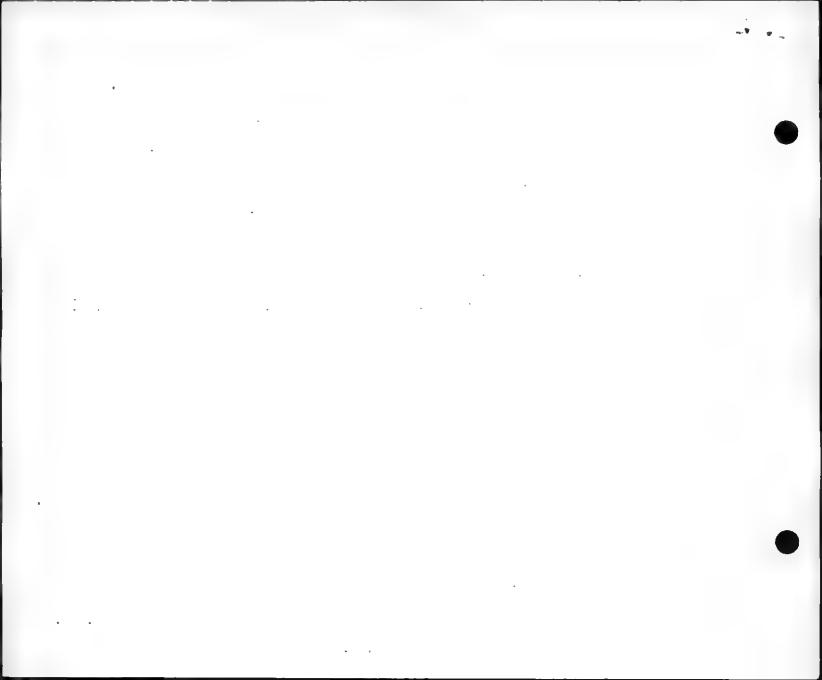
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	COSTS MEDICAL	EXAMINER S	PEKILLICHI	TOP DEA	1 Minis	486896 -
1.	PLACE OF DEATH. a. COUNTY Montgomery -	Alex Old	2. USUAL RESIDENC	E (Where Decrased	fived, il institution: b. COUNTY	Residence before admission
	b. CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town)	c. LENGTH OF STAY IN 1b	0 4 4	outside corporet		L and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in in	, -	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	8. Brochs. are -		12/-	3.		YES NO
3.	NAME OF DECEASED (Type or print)	Middle	Exenest	4. DATE OF DEATH	Jan -	13 m 1966
5.	6. COLOR OR RACE 7. MARRIED WIDOWED	METER MARKIED	8. DATE OF BIRTH		(In years IFUNDE birthday) Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
		CIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (ST	tate or foreign co	untry) 12.	CITIZEN OF WHAT
13	FATHER'S NAME		14. MOTHER'S MAID	EN NAME	1,	
1! (Y	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. es, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	a Com	Address	Heiry m
-	18. CAUSE OF DEATH [Enter only one cause per l	ine for (a), (b), and (c), 1	n + 2000 1	H = Erra	11/11/11	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oronary.I	nsuffice	ney A	eite _	Swellin -
	Conditions, if any, which \	/	•	•		
	gave rise to immediate (b) cause (a), stating the DUE TO					
_	underlying cause last. (c)		THE POST OF THE PROPERTY OF	UNITED AND INTO	NAMES IN DARK 1/2) 119. WAS AUTOPSY
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT KELA	TED TO THE TERMINAL D	II SEASE CONDITIO	M CIAEM IN SAULT(S	PERFORMED?
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part i	or Part II of Item 1	8.)
MEDICAL	Hour e.m. While	Not While facto	CE OF INJURY (Home, fa ry, street, office bidg., et		or town) (Co	ounty) (State)
≥	p.m. 19 at wor	k at work bearing above, he	ld an Autopsy [],	inspection 🗵	, Inquiry	, and in my opinion
	death resulted from: Natural causes 🔀	, Accident , Sul	cide, Homicio		etermined manner	г
	ACTUAL SIGNATURE John 5-13	oll	TI-D-	DICAL EXAMINER AL EXAMINER	- 1/1/3/6	6 22. BATE SIGNED
	EXAMINER'S NAME (Typo)			t, city, town, or c		
23		23c. NAME OF CEMETERY	50h 1-1011		on City, town or c	ounty) (State)
24	FINERAL DIRECTOR & Gartin	ADDRESS / 191		O BY REGISTRA	REGISTRA	R'S SIGNATURE
		CIV	OAIL			1: (1.



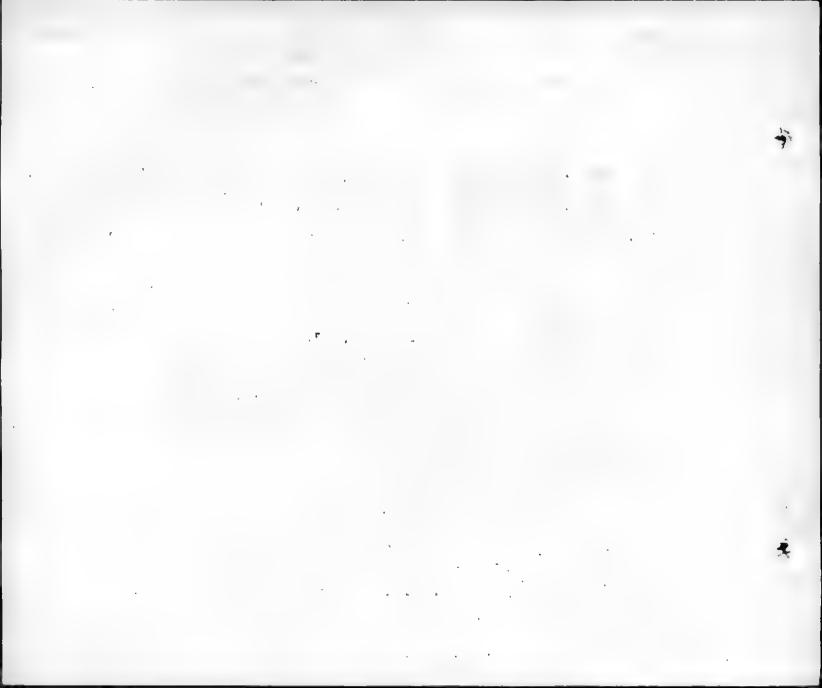
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VS A1S (4) 1SM 9/SB

NARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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	00917			CERTIFIC	ATE OF DEAT	н	Re	eg. Dist. No)(1598
17	PLACE OF DEATH o. COUNTY Mon1	tgomery		MARYLAND	2 USUAL RESIDENCE (Vo. STATE		, If institution b. COUNTY		ore admission)
	b. CITY OR TOWN (if outs RURAL and give neprest	ide corporate limi	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		mits, write RURA		
	Bethesda			Years	Bethesda				, , ,
	d. NAME OF HOSPITAL (III 5402 Lambeth	not in hospitol, g Road	ive street o	oddress)	d. STREET ADDRESS	MRETH RO	A.D.		e IS RESIDENCE ON A FARM? YES NO.
	NAME OF DECEASED (Type or print) Plane	Fir		Middle	Lost	4 DATE OF DEATH	anue	De Do	· //
	TAA		1ayt	ED NEVER MARRIED	Embrey, Sr.	V. AG	E (In years IE)	UNDER 1 YEAR	1966 R IF UNDER 24 HRS
		auc.	WIDOWE		Jan. 16, 1	Tosi		onths Doys	Hours Min.
100	. USUAL OCCUPATION (G	ive kind of work	done 10b.	KIND OF BUSINESS OR INDU				12. CITIZEN O	F WHAT COUNTRY?
	Civil Engine			ngineering	Washing	ton. D.C.		U.S	.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	··		
	Warren Embre	у			_				
	WAS DECEASED EVER IN I	J. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT		96635	Parkwo	od Dr.
	No -		5	78-01-2429 E	. Clayton Em	brey. Jr.	- Bethe	sda, n	.d.
	TB. CAUSE OF DEATH			e for (o), (b), and (c).]				INT	ERVAL BETWEEN SET AND DEATH
	IMMEDIATE CAUSE (c) Respiratory Failure								6 hrs
	1538	DUE TO		Cardiae F	oflune				7 down
	Conditions, if any, w	diote (,	Oalulat F	aliate	Dead			3 days
	couse (a), stating the <u>u</u> lying couse lost.	nder: DUE TO		neralized Ca	arcinomatos	rri eri	mary		7
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (m) 19 WAS AUTOPSY								
CATION									PERFORMED? YES NO V
CERTIF (20a. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	DERLYING DATH CAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury i	n Part I or Port II of	item 18)		
MEDICAL	20c. TIME OF INJURY M Hour o.m. p. m.	onth. Doy, Ye	20d IN White of work	Not while fo	LACE OF INJURY (Home, fo octory, street, office bidg., e	rm, 20f (City or tov	wn)	(County)	(Stote)
	21. I certify that I alive an	attended the			19 45, to h accurred at 8:3	January ORMram the c	auses and a	on the date	w the deceased e stated abave. DATE SIGNED
	ACTUAL	ank	1/	gger gr	м.в. <u>5707 W</u>	isconsin	Ave		1/7/66
	PHYSICIAN'S Fra			s Jr. M.D.	Chevy	Chase, M	arylan	d	
720	BURIAL, CREMATION, 2 REMOVAL (Specify) BURIAL	26. DATE THEREC	F	220 NAME OF CEMETERY O	OR CREMATORY	Falls C	City, town, or co	ounty)	(State)
_	FUNERAL DIRECTOR'S SIG			ADDRESS		C'D BY REGISTRAR	24b REGISTRA	Virgin	
	Jos. Gawler	s Sons,	5130	Jis. Ave, W	ash, D.C oale	N 13 1966	20le	nles Ja	udge.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution; Residence before edmission) e. COUNTY 6 COUNTY Montgomery MARYLAND Montgomery Maruland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nebrest town) write RURAL and give nearest town) Silver Spring uns Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4706 Creek Shore Drive 4706 Creek Shore Drive NO X 3. NAME OF Middle DECEASED OF (Type or print) DEATH Edward England lanuaru 19 66 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TONEVER MARRIED last birthdey) Dec. Months Min. Male WIDOWED DIVORCED | 110 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHP, ACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Government Missouri Electircian 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Salmon Walter England 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.! 17. INFORMANT 1406 Creek Shore Dr (Yes, no, or unkown) | (If yes give we ror detes of service) England Silver Spring, Md. IPA Marguerite 18. CAUSE OF DEATH Enter only one cause per line QNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) 4201 **BUE TO** Conditions, if eny, which gave rise to immediate ceuse **DUE TO** (a), steting the underlying ceuse last. [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) L. 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES -NO K 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) lactory, street, office bldg., etc.) While Not While et work st work 21. I certify that (I) (this hospital) attended the deceased from. that (1) (we) last causes and on the date stated above. saw the deceased alive on... and that death occurred 22a. SIGNATUR TTENDING I SNEE MED. DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRES NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cuy, town or county) 23a. BURIAL, CREMATION, 23b. (State) REMOVAL (Specify) Buria Arlington National Cemeter Arlington Unranna 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Georgia

VR AIS (4)

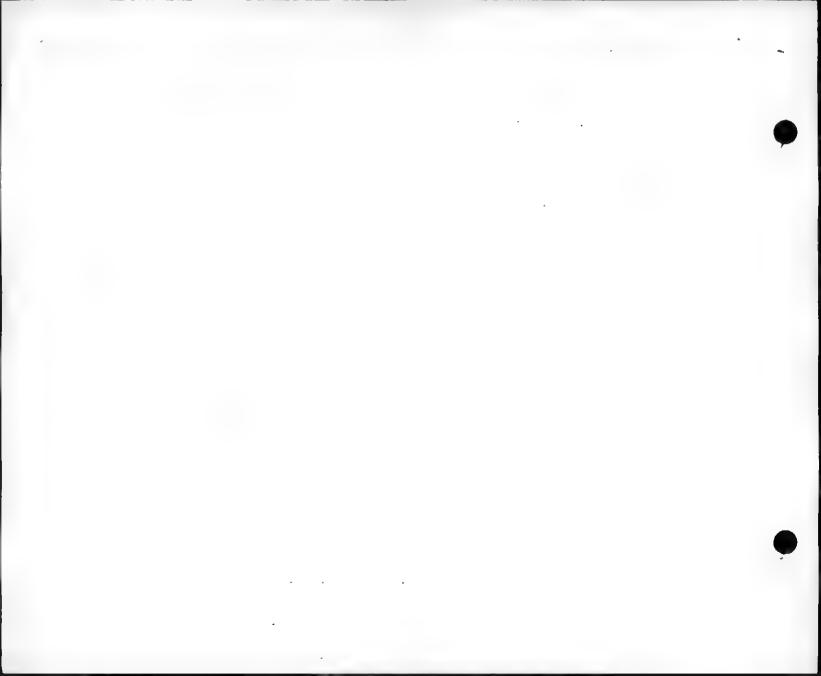
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Anla.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00919 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Montgomery Page 0 death. MARYLAND delay b CITY OR TOWN (If outside carparate mits, CLENGTH OF STAY IN 16 m is, write RJRAL and give negrest town) and write RURAL and give neorest town after d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Item 18. Give Pages 1, Office along with form hours ON A FARM? Nezr Long Corner. Rd NO Ir ate 24 hours after death 3 NAME OF Middle DATE Month Doy Year DECEMSED OF 127 30 1966 within (Type or print) Noah Ennis DEATH S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7 MARR ED WIDOWED DIVORCED event 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM This certificate shauld be executed within in pencil e, writing the word "pending in penciforworded to the Chief Medical Exagin ond 1 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, names unknown) (If yes give war or dates of service) removal, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) cremation, DUE TO Exposure to cold. Weather. Canditians, farry which gave t rise to immediate couse (a). DUE TO stating the underlying couse 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) PERFORMED? YES 🔽 NO Poge 4 should be 200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH prior 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18.) Walking in snow Blizzand Munly Clad ogent, | 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF NURY Month, Day, Year (City or fown) (County) (State) Not While foctory, street, office bldg., etc.) ot work Domasous Monti 21 I certify that I taak charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X and in my apinion the funeral director. Accident X, Suicide ... deoth resulted fram. Hamicide . Natural causes Undetermined manner retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Heolth or its ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL O DEPUTY Georgelown Road, Bethesda, MPPUTY MEDICAL EXAMINER 🔀 NAME (Type) Address (Street, city, town, or county) 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 0 REMOVAL (Specify)
Burial Neelsville Church Cem. Neclsville, Maryland 2/5/66 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Rockville Pike

Rockville.Md

VR A15ME (5)



24. FUNERAL DIRECTOR D Colont A. DE Vag

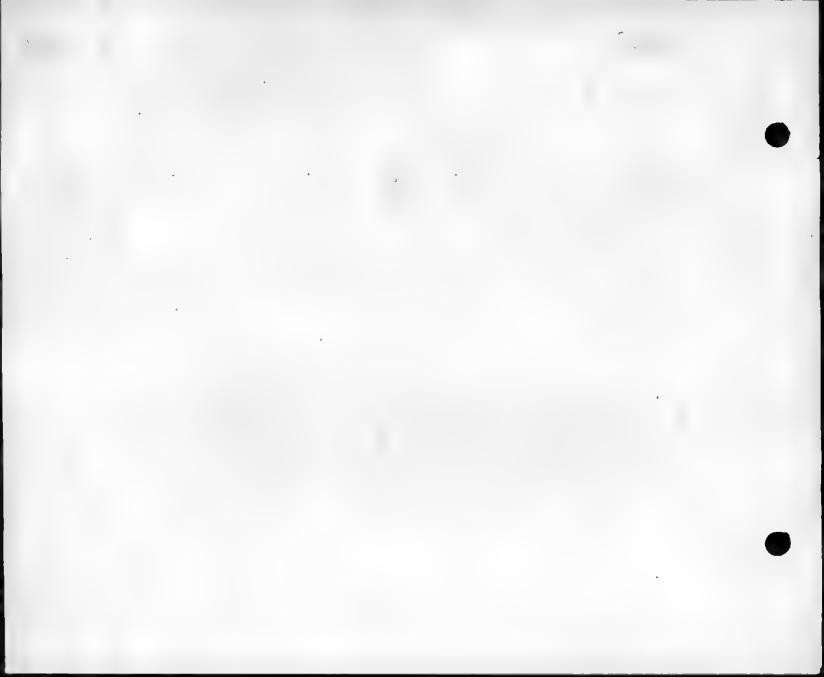
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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
1	00920 CERTIFICAT	E OF DEATH (1090)			
ァ	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)			
	Montgomery . Kensington MARYLAND	a. STATE D. C. b. COUNTY washington			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			
	10231 Carroll Pl.	4424 Volta Pl. N. W.			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. is RESIDENCE ON A FARM?			
_	Carroll Hall Sanitarium	YES NO Say			
3.	NAME OF First Middle DECEASED ELIZABETH	ESALL DEATH JANUARY 1 1966			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS fest birthday) Months Days Hours Min.			
F	emale White WIDOWED X DIVORCED	Aug. 8, 1876 By yrs. Months Days Hours Min.			
ID:	a. USUAL DCCUPATION (Give kind of workdone 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
201	Housewife	New York U.S.A.			
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Edward Shannon	Julie Harvey			
15 (V	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unknown) (If yes give war or dates of service)	informant 5 Crescent Road N.Y.			
	No J	John W. Esau Port, Washington L. I.			
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: ARTERIOSCLE	ROTIC HEART DISEASE			
	444X DUE TO				
	Conditions, If any, which \ (b) FSSENTIAL	HY PERTENSION			
	gave rise to immediate (
-	underlying cause last. (c) GENERALIZE	D ARTERIOSCLEROSIS			
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
FICA	SENILITY	YES NO E			
CERTIFICATION	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IMURY OCCUON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)			
MEDICAL	Parala	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
/ED	Hour a.m. While Not While Tacto	My attenty of monthing system.			
_		DEC. 24, 1965, to JAN 1, 1966, that (1) (nee) las			
	saw the deceased alive on JAN. 1966, and that	It death occurred a . 100 M, from the causes and on the date stated above			
	22a. SIGNATURE	22b. DATE SIGNED			
	Stewn Sanden M.				
	22c. PAYSICTAN'S NAME (Type)	22d. ADDRESS 5 20 6 Norway 15.			
-		Chery way , was			
23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS BURIAL (Specify) 1/5/66 Holy Cross				
24	FUNERAL DIRECTOR De Vol June ADDRESS	Cemetery Brooklyn, N. Y.			

DATE N

Funeral Home

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		00921 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	901
		PLACE OF DEATH a. COUNTY The county of the	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before	admission)
		b (ITY OR TOWN (i guis de corporate i mits. C LENGTH OF STAY N 16	111d Polent	gronly
		write RURAL and sive nearest jown	C C TY OR TOWN (f ours de carparate l mits write RURA, and give nearest	rawn)
		d NAME OF HOSPITAL OR INSTIPLT ON (If not in hospital, give street address)	d STREET ADDRESS	IS RESIDENCE
i.		Subuchon	5603 Lone Oak Dr. V	ON A FARM?
		NAME OF PIST Middle	Lost 4 DATE Month Day OF DEATH 20	Year
		(Type or print) SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (JOVEOUS FUNDER YEAR	F UNDER 24 HRS
	1	male White WIDOWED DIVORCED	April 5-1908 5 1 yrs 9 11	Haurs Min
		ia USJA OCCUPATION (G ve kind af wark dane lob K ND OF BUSINESS OR Charing glost of working the, even if retired)	BIRTHPLACE (State ar fareign country) 12 (ITIZEN OF COUNTRY?	WHAT
	0	FATHERS NAME,	14 MOTHER'S MA DEN NAME	4.31
		Thomas Evons	May And Lewis	
	IS.		INFORMANT Address Betheso	da, Md.
		The unknown	Vivian Evans 5603 Lone Oak Dr.	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) A C J e Co F	ONST	RVAL BETWEEN ET AND DEATH
		14201 IMMEDIATE CAUSE (a) ACOTE: SB	1131 / 1130/110	perpetal :
		Canditians, if any, which gove (b) Candia Vize rise to immediate cause (a),	ulor. Disease. Ye	513
		stating the underlying cause DUE TO		
		PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 V	WAS AUTOPSY
~	FICATION			PERFORMED?
	CERTIF9	PRIMARY □ or CONTRIBUTING □	(Enter nature of injury in Part I or Part II of item 18.)	
			ACE OF INJURY (Hame, farm, 20f (City or town) (County)	(State)
	MEDICAL	Haur a m. While Not While of a twark of wark	ctory, street, affice bidg , etc)	(3/6/0)
		21. I certify that I took charge of the remains described above, h	eld on Autopsy 🔲 , Inspection 🔼 , Inquiry 🔀 , ond	in my apinion
		deoth resulted from: Natural causes 🚮, Accident 🔲, Su	icide, Homicide, Undetermined monner	
		ACTUAL SIGNATURE Offm So. Ball	CH EF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 22	. DATE SIGNED
×		EXAMINER'S NAME (Type) JOHN G. BALL	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Bethesda.	Md.
	23 a	BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL SEBUTY - transit 1/29/66 Fern K	CREMATORY 23d. LOCATION (City or Town) (County)	(State)
	24	BUTIAL - TARESTE 1/29/00 TELTI IN	NOTE Cem. Dallas, Pent 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	F	Robert A. Pumphrey Bethesda, Mar		del

VR A15ME (5) 6M 1/66

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health or its designated agent, prior to burial, crematian, or removal, and

FOR STATE **HEALTH DEPT**

> pages 1 and 2 with the State Department of in any event within 72 haurs after death.

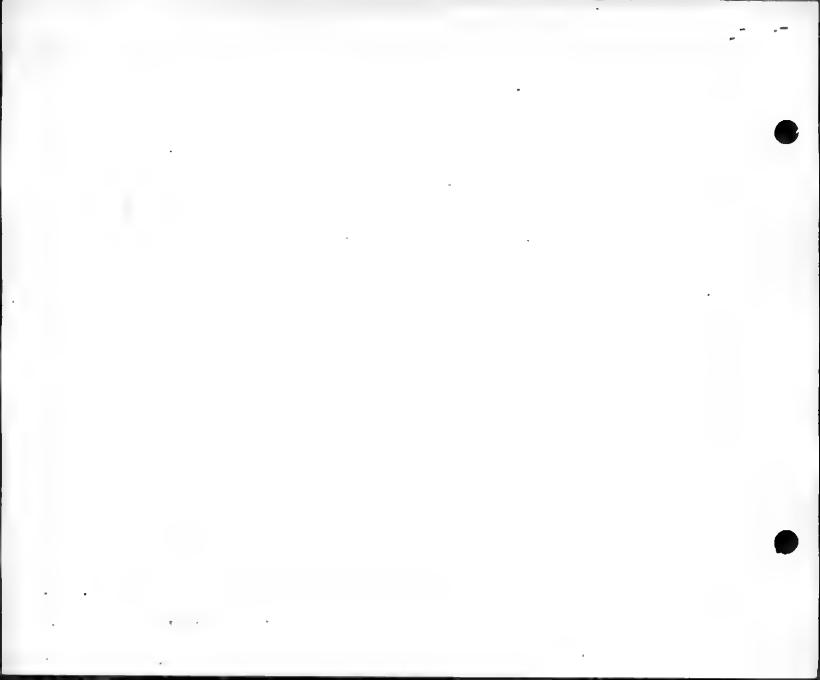
delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3 Page

This certificate shaud be executed within 24 hours after death. If

MEDICAL EXAMINER:

TO DEPUTY

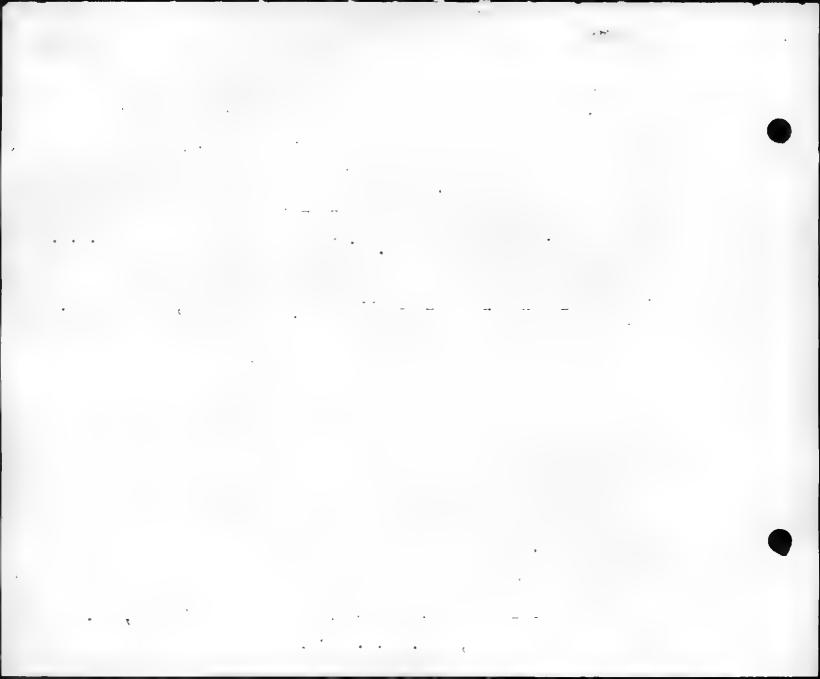


Fage 4 may be retained by the invention of accounting progression and completely filled in by the funeral for EUNERAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I ame, 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()2451)

1.	PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Montgomery MARYLANO	a state b. county Maryland Montgomery
	b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town) Chevy Chase	Chevy Chase
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADORESS e. IS RESIDENCE
	6302 Stratford Road	6302 Stratford Road YES NO X
3.	NAME OF First Middle	Lest 4. OATE Month Day Year
0.		VERETT OF ATHUANUARY 30 1966
5.	SEX 6. COLOR OR RACE 7. MARRIEO T NEVER MARRIEO	B. DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIOOWEO DIVORCED	2-27-1898 67 yrs. Months Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done L. 10h. KIND OF RUSINESS OF	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
C	ing most of working life, even if retired) INDUSTRY Laim Manager (Retired), Aefna Cas.	& Pennsylvania U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Alben Osborn Everett	Emma Catherine Hayman
15 (Ye	. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. is, no, or unknown) [(If yes give war or dates of service)]	INFORMANT Address
	No 577-03-7911	Dorothea Everett See Item No. 2
-	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), end (c).]	I INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: MYCCIAR DIE	1 INFARCTION ONSET AND DEATH
	li and	
	Conditions If any which I	CECLUSION
	gave rise to immediate	
	cause (a), stating the DUE TO Underlying cause last.	21229311
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY
CERTIFICATION		PERFORMEO?
RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
ICAL	fanto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
MEDICAL	Hour a.m. p.m. 19 While Not While at work	17, 011001, 011100 1110, 1110, 1
_	21. I certify that (I) (this hespital) attended the deceased from	1935, to Jan 30, 1966, that (1) (we) last
	saw the deceased alive on	death occurred at 12 MM, from the causes and on the date stated above.
	22a. SICNATURE	ATTENOING MED. STAFF 22b. DATE SICNED
	M.D. Jales M.D.	. PHYS. DIRECTOR PHYS.
	22C. PHYSICIAN'S NAME (Type) W. TASB MADE	22d. ADDRESS
	14, 11/00 1/10.15.	0001 4 31 11 11
238	REMOVAL (Specify)	
	$P_{\alpha-\alpha-} = 1 \times 2 - 1966 + 10nion Gemei$	tery Slatington, Pa.
24	FUNERAL DIRECTOR AODBESS	25a. REC'O BY RECISTRAR 25b. RECISTRAR'S SIGNATURE SAN BOATE B 1935 and Judge
_	Joseph Gawler's Sons, Inc. 1700 Wil	Tasn. Phare LD 1330 " Trus your

VR AI5 (4) 20M 1/65



funeral and 2 r death, hours after death. completely filled in by the f ye carbon papers. Pages 1 event, within 72 hours after filled in OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. and and attending physici rmit. Then pleas TO HOSPITAL O

l, and removal TO FUNERAL DIRECTOR, After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or it

CERTIFICATION

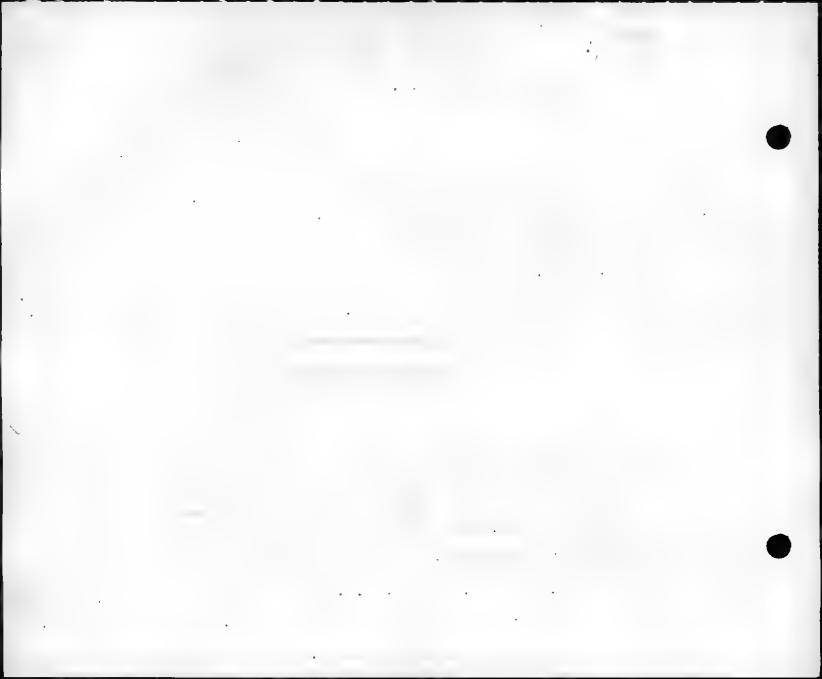
MEDICAL

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301/W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL OF DEATH ERTIFICATE PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Montgomery b. COUNTY Silver Spring Maryland Blair House. 8201 16th CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Spring, Silver Md. Silver Spring. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Blair House e. IS RESIDENCE ON A FARM? Street YES NO N -16thYear NAME OF First Middle Last 4. DECEASED OF HARRY FAIGEN (Type or print) DEATH 19 55 Jan 27 1956

AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Deys | Hours | Min. 6. COLOR OR RACE 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED DIVORCED [Male WIDOWED [] White 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) II S Dry Cleaner

13. FATHER'S NAME Russia MOTHER'S MAIDEN NAME Geashon Faigen
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3416 Mansfield Rd. (Yes, no, or unkown) (If yes give war or dates of service) Falls Church Seymour Faigen INTERVAL BETWEEN ONSET AND DEATH 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO mins. Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) NO I YES ! 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20g. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at work While at work 19 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3 A _M. from the causes and on the date stated above. saw the deceased alive on 19 (00 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. 又 DIRECTOR PHYS. M.D. 22d. **ADDRESS** PHYSICIAN'S 22c. NAME (Type) Simon (State) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. REMOVAL (Specify) Buria King David Memori Falls Church a.l Gdn 250 REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR 25a-DANZANSKY 66



MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Year

19

Hours

NO

BETWEEN

ONSET AND DEATH

2 mero

WAS AUTOPSY

NO

(State)

PERFORMED?

that (I) (we) last

(State)

YES

DATE SIGNED

MD

(County)

22b.

DATE

YES

Day

Days

12, CITIZEN OF WHAT

COUNTRY?

VR A15 (4) 20M 1/65



TO DEPUTY MELICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay ... Tessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR ALSME (5) 5M 1/65 0

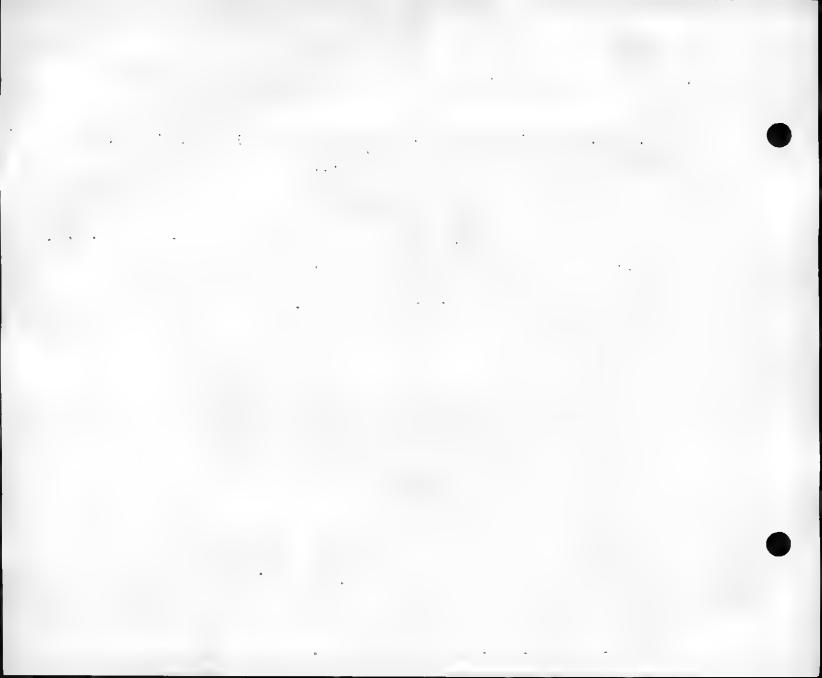
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0	0925	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	00964
1,	LACE OF DEATH		-		(Where deceased lived, If Institution: Re	esidence before admission?
٠	Montgor	nery	MARYLAND	a. STATE	b. COUNTY	
t	D. CITY DR TOWN (If outside cor write RURAL and give neares	porate fimits.	C. LENGTH OF STAY IN 16		itside corporate limits, write RURAL	and give nearest town)
	Bethesda		21m.	W OS/	sington. //-	- P
	d. NAME OF HOSPITAL DR INSTIT	UTION (if not in hos	spital, give street address	d. STREET ADDRESS	opp. 200.	e. IS RESIDENCE ON A FARM?
	Resmor Nu	rsing Ho	onie + Hospija	1 1669 CO	Non Dia Ird - N. W	YES NO X
	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print) Ma	be/	W.	Field	DEATH JOD.	1 1966
5. 5	6. COLOR OR R	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER:	Days Hours Min.
	te. W.	WIDOWED 3		5/23/87	78 yrs.	
	USUAL OCCUPATION (Give kind of growth of working life, even if r	work done 10b. Kin etired) INI	ND OF BUSINESS OR Dustry			TIZEN OF WHAT
	ousewife			Mass.		USA.
	FATHER'S NAME			14. MOTHER'S MAIDEN		
	Daniel Grady WAS DECEASED EVER IN U.S. ARMI			1	O'Malley	
(Yes,	no, or unkown) (If yes gire war or d	lates of service)	DCIAL SECURITY ND. 17.	1 3 7	11-39=5 Treet - ,	T) a
	10			ovid-1) Nord.	Washingto	
	 CAUSE OF DEATH [Enter on PART I. DEATH WAS CAUSE 			- Right Lo	interes landon	INTERVAL BETWEEN CNSET AND DEATH
	IMMEDIATE CA	AUSE (a)	בורויירוטארו	- /1/9/11:NO	HELLING TO	30/245
1.	Conditions, if any, which \	DUE TD	ardinvas	Roulor Di	180300	40015
	gave rise to immediate	DUE TD	C1 011 0 7 83	100707 10	3	
	cause (a), stating the (underlying cause last.					
		(c) DITIONS CONTRIBUT	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
Ē						PERFORMED?
	20a. EXTERNAL CAUSE WAS	20b. DE	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of Ir	Jury in Part I or Part II of Item 18.	
8	PRIMARY OF CONTRIBUTING (CAUSE OF DEATH.	3				
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month,	Day, Year 20d. IN.	JURY OCCURRED 20e. PL	AGE OF INJURY (Home, farm	, 20f. (City or town) (Cou	nty) (State)
ă	Hour a.m. p.m.	19 While at work	Not While at work	ory, street, office bldg., etc.	7	
≥ -	21. I certify that I took ch			eld an Autopsy .	Inspection X, Inquiry X.	and in my opinion
		tural causes 🔼		ulcide . Homicide		
	0 ()	4	CHIEF MEDICAL E	EXAMINER	
	ACTUAL SIGNATURE	m 15. 6	sall -	M.D. ASSISTANT MEDIC	CAL EXAMINER	22. DATE SIGNED
	EXAMINER'S	~	•	DEPUTY MEDICAL	EXAMINER 2	766
	NAME (Type) John				city, town, or county)	
23a.	BURIAL, CREMATION, 23b. D. REMOVAL (Specify)	ATE THEREOF	23c. NAME OF CEMETER		23d. LDCATION (City, town or cou	
24.	burial 1/	3/66	4 D D D COO	n Cemetery	Prince Georges DBY REGISTRAR 256, REGISTRAR'	County, Md.
40. 44	he S.H. Hines	Co. 290		N.W.	201 0	See lot
-		Was	hington. D.	C. DATEAN	5 1966	17.7

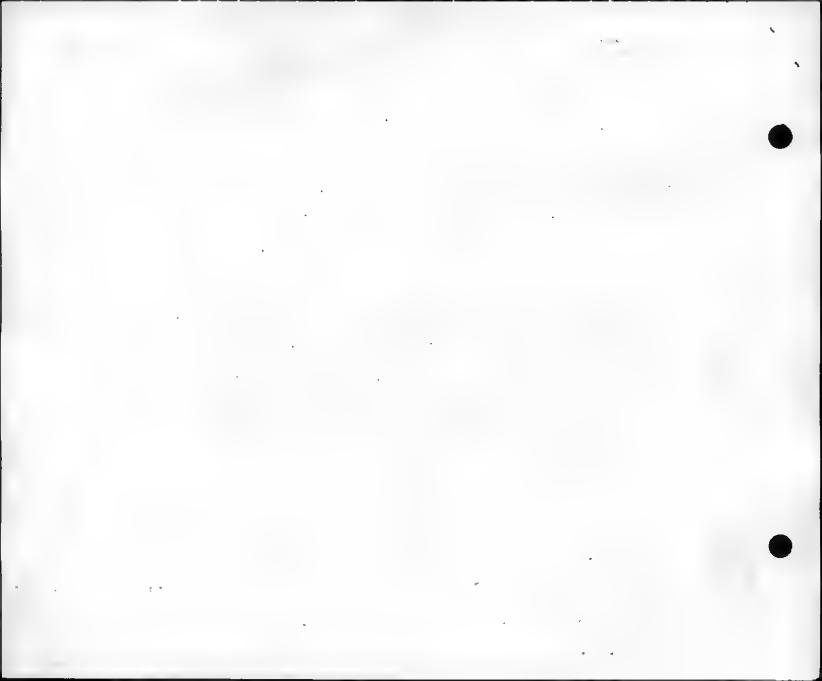


1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
funeral and 2 r death.	-	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY
after the	1	Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO C. LENGTH OF STAY IN 1b write RURAL and give nearest town)
24 hours filled in by apers. Pa n 72 hours		Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM?
ithin 2 etely fil bon pa		Che Clinical Center, Bethesda 14, Md. 910 Savannah Street, S.E. YES NO WAR OF DECEASED First Middle Last 4. DATE Month Day Year
executed within 24 hours and completely filled in by remove carbon papers. Pag any event, within 72 hours	1	(Type or print) Neal (none) Finlayson DEATH Jamuary 26, 19 66 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min
e be exersician and		Male Negro WIOOWED DIVORCEO 28 October 1959 6 yrs. 10a. USUAL OCCUPATION (Give kind of workdone during most of workling life, even if retired) 10b. KING OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate hys ple al, a		Child None Maine USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
th cert ttendin mit. Th		Oscar W. Finlayson 15. WAS DEGEASEO EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT The Medical Record,
nat the death certific cian. ed by the attending p transit permit. Then , cremation, or remove	-	No None The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis, Probable ? Lagranda August (a) Sepsis (b) Sepsis (b) Sepsis (c) Seps
hysi hysi sign rrial		Conditions, if any, which gave rise to Immediate (b) Generalized Central Nervous system damage 4 Yrs./
aw requested the second		cause (a), stating the DUE TO 10 Montunderlying cause last. (c) Gunshot, Wound
The or are use ealt	.1	PERFORMED? YES TO NO
PHYSICIAN: 1 the hospital or the scriffill detached for the Dept. of He		
d by Afte d be d be d be		Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work at work
ATTENI retaine ICTIR: 3 shoul		21. I certify that OK (this hospital) attended the deceased from July 22, 1963, to Jan. 26, 1966, that OK (we) last saw the deceased alive on January 26, 1966, and that death occurred at 10:05, from the causes and on the date stated above 22a. SCHATURE
L OF	,4	M.D. ATTENOINC MEO. STAFF 22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS The Clinical Center, National
Page 4 may Page 4 may 0 FINERAL director, page	1	Larry E. Fleischmann, MD Institutes of Health, Bethesda 14, Md. 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or county) (State)
	6	24. JUNERAL DIRECTOR ADDRESS 25a. REC'O BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 1 20M 1/65	Å	Frazier 889 R.I. Ave N.W. Wash. D.C. OAFETB 1 1 1966 Scharles Judge

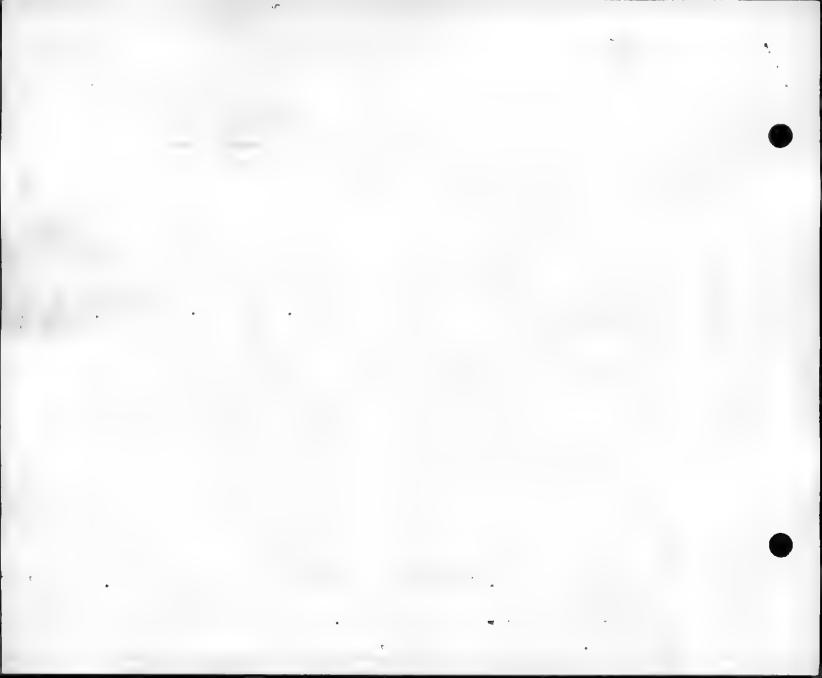
,	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
April 12	mov/dem	1	CERTIFICATE OF DEATH
hours after death	e funeral 1 and 2 er death	T.	PLACE OF DEATH a. COUNTY ontgomery Wheaton MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Montgomery Maryland Maryland
aft.	by the 1 Pages 1 urs after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
4 hours	ted in sers. 72 ho	1,,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
. <u>:</u>	vithin par	′ [Md.
executed within	plete arbo nt, wi	3.	NAME DF DECEASED Lucille Margaret Fiora 4. DATE Month Day Year OF January 26 19 66
ufed	ve com	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IFUNDER 24 HRS
exec	(BEE	10	T WIDOWED DISORCED 127222 204 200
þe	and Seca	du	a. USUAL OCCUPATION (Give kind of work done industry) 12. CITIZEN OF WHAT INDUSTRY Washington, D. C. U 12. CITIZEN OF WHAT COUNTRY? Washington, D. C. U 2. CITIZEN OF WHAT COUNTRY? Washington, D. C. U 2. CITIZEN OF WHAT COUNTRY? U. S. A.
ficate	ng phy hen pl moval,	13	Joseph Gerardi Julia (habitable) Di Grazia
centi		1	Joseph Gererai Pasquale Gerardi Julia (unkhowh) Di Grazia 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address Address
eath	e atter permit. ion, or	CY	es, no, or unkown) (If yes give war or dates of service) 579-52-9422A Louis B. Fiora Silver Spring Gardland
The law requires that the death certificate	y th sit mat		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: CARCINOMA OF FLOOR OF MOUTH OMNETIAND DEATH OMNETIAND DEATH OMNETIAND OF PLOOR OF MOUTH
that	onysiciar signed urial-tra urial, cr		1 43 X DUE TO
iires	physici n signed burial-ti burial,		Conditions, if any, which are rise to immediate (b)
Đ.	ttending r has been as the b prior to b		cause (a), stating the DUE TO underlying cause last. (c) (c)
law.		NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REPEROPMENT
	ificate har for use health p	FICA	NONE YES NO X
SICIAN	it it be	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.
N N	B 목 = 0	-	21. I certify that (I) (this hospital) attended the deceased from JAN. 24, 1966, to JAN. 26, 1966, that (I) (we) last
E.	RECTOR: A 3 should with the S		saw the deceased alive on JAN: 26 1966, and that death occurred at 500 M, from the causes and on the date stated above
9 8.	ORE ORE See		John H. Suchy, M.D. ATTENDING MED. STAFF 1/27/66
<u> </u>	1 5° 5° 1		22c. PHYSICIAN'S NAME (TYPE) JOHN H. TUOHY, M.D. 22d. ADDRESS RADLEY BLVD, BETHESDA, MD
10 H	Page TO FUN direct should	23	REMOVAL (Specify)
•	•	2	4. FUNERAL DIRECTOR OF A CONTROL SUBJUSTICE START'S SIGNATURE
	R A15 (4) 5M 4-64	1	Jarner E. Pumphrey, Inc. Silver Spring, Md. BATEB 3 1956 /



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00353 CERTIFICATE the funeral bages I and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY ician and completely filled in by the fur lease remove carbon papers. Pages 1 and in any event, within 72 hours ofter within 24 hours ofter b CITY OR TOWN (If outside corporate limits C LENGTH OF STAYAN 16 write RURAL and give hearest town) write RURAL grit give neorest town d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO IX YES | NAME OF Middle Lost Doy Year DECEASED OF DEATH 19 6-(Type or print) S SEX AGE (In years F UNDER 1 YEAR UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH **NEVER MARRIED** ost birthdoy) Doys DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. during most of working life, even if retired) INDUSTRY requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME cremotion, or removol, Address JAINE 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Unknown CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriof-transit buriof, cremoti ONSET AND DEATH CNTRICULA IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove NEARCTION rise to immediate couse (a). DUE TO stoting the underlying couse After this certificate has been be detached far use as the State Dept. of Health prior to 10 SCLERUSIS WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? MELLITUS O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg . etc.) Not While ot work 21. I certify that (1) (this hespital) attended the deceased fram to UAN, 30, 196, that (1) (we) last director, page 3 should should be filed with the 1966, and that death accurred at Co. M, from causes and an the date stated above. saw the deceased alive an ____ 220 SIGNATURE 22b DATE SIGNED STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S G. ROBERT ANGLE 5009 Del Bethesda, Md. NAME (Type) Ray Ave. 23o. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial transit 2-1-66 Ridgetown Cemetery Gary. Indiana 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 ROBERT A. PUMPH REY Bethesda, Marylandor



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00929 CERTIFICATE OF DEATH within 24 haurs after death letely filled in by the funeral carbon papers. Pages 1 and 3 int, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY MARYIAND c. CITY OR JOWN (if outside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits/ c. LENGTH OF STAY IN 16 Cumberland write RJRAD and give nearest town) d. NAME OF HDSPUAL OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? 419 Fairmont Lane NO K completely fi rava carban | NAME OF irst Middle 4. DATE Month Day DECEASED OF (Type or print) DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed S SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH 9. AGE (n years IF JNDER 1 YEAR IF LINDER , 4 HIKS NEVER MARRIED -lost birthdoy) Months Dovs DIVORCED 9 and 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10o USDAL OCCUPATION (Give kind of work done) during most of working life, even if ret red)
Housewife INDUSTRY COUNTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removal, mac mulban attending permit. The WAS DECEASED EVER IN J.S. AKMED FORCES? INFORMANT 16 SOCIAL SECURITY NO. 8309 Melody Court Bethesda, Marylan (Yes, no, or unknown) (If yes give wor or dates of service) Allan C.Fisher.Jr. No None 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) ģ DUE TO Conditions, if any which gave rise to immediate couse (o), DUE TD has been s se as the t th priartab stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? CERTIFICATION be detached far use State Dept. af Health NO I this certificate 20o. ACCIDENT WAS UNDERLYING [1] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of miury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While of work TO FUNERAL DIRECTOR: After e deceased from , 1963, to Jan, 1966 that (1) (we) last 1966, and that death accurred at 4 2 a M, fram causes and on the date stoted above. 21. I certify that (I) (this hospital) attended the deceased from_ Jan sow the deceased alive an 2 22a. SIONATURE 22b. DATE SIGNED director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS 22d ADDRESS O HOSPITAL HORACE BERNTON NAME (Type) XXXX 4743 Bradley BURIAL CREMATION. 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) rtal transit 1-3-66 Sunset Mem. Cemetery Cumberland. Maryland 24 FUNERAL DIRECTOR Bethesda, Maryland VR A15 (4) 1966



		DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECOR	RDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND -
	00930 CERTIFICA	ATE OF DEATH	00000
1.			11000
4.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a, STATE b. COUNTY	sidence detore admission)
	Montgomery MARYLAN		ck
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		end give nearest town)
	Bethesda 12 days	Frederick / - 1	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addre	ess) d. STREET AOORESS	e. IS RESIDENCE
			ON A FARM?
	The Clinical Center	245 West 5th Street	YES NO X
Э.	NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) Linda Lou	Fogle DEATH January	9 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO X	B 8 DATE OF RIRTH 10 ACF (In years IF INDED)	
	TO BARRIED THE TEXT BARRIED TO	last birthday) Months	Oays Hours Min.
10-	Female White WIDOWED DIVORCED	1 Max CII C2	
gur	a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
	None	Maryland	I.S.A.
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Clan & Forle	Helena Nusbaum	
15	Glen A. Fogle 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1		
(Ye	es, no, or unkown) (If yes give war or dates of service)	17. INFORMANT The Medical Recorders	
_		he Clinical Center, Bethesda 14,	Maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
-1	PART I. DEATH WAS CAUSED BY: Widely metastatic	malignant lymphoma	onset and of ath
	←OO → OUE TO		
	Conditions, if any, which (b)		
	gave rise to immediate cause (a), stating the OUE TO		
	underlying cause last. (c)		
중	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
<u>۽</u>			PERFORMED?
٤	The ACCIDENT WAS DESIGNED VISIS TO JOHN OF SOURCE HOW MILLION OF		YES NO
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
됥	20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. While - Not While - fa	actory, street, office bldg., etc.)	(0.12.1)
ĭ	p.m. 19 at work at work		
	21. I certify that (this hospital) attended the deceased from.	December 28, 1965, to January 9, 1966	, that ID (we) last
	saw the deceased alive on January 9 1966, and t	that death occurred at 10 m, from the causes and on th	e date stated above.
	22a. SIGNISTURE	22b. OA	TE SIGNED
	Headred L.	M.O. PHYS. MEO. STAFF 10 C	January 1966
	22c. PHYSICIAN'S	22d. ADORESS The Clinical Center,	
i	NAME (Type) Theodore S. Zimmerman, M.D.	Institutes of Weelth Bethe	Marionar

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county)

25b.

1956

(State)

23d.

23c.

VR AI5 (4) 2DM 1/65 BURIAL, CREMATION, REMOVAL (Specify)

4. C. Barton

23a.

23b.

DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH
a. COUNTY Montgomery MARYLAND Department after death: CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b funera may b 17 days Bethesda (Rural) the d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2 U. S. Naval Hospital NAME OF Middle DECEASED Haakon (Type or print) leath. If a Pages 1, the form 1 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 24 hours after death. Male Cauc. WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY Fig. 1 Engineer U. S. Navy Navv Dent. Olaf Follien File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or smkown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. " in pencil in Examiner's Of permit. I removal, EXAMINER: This certificate should be executed within a certificate, writing the word "pending" in pencil is res 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Cerebial Damage -Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the CUT-Shot wound of Head D underlying cause lest. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 0 2DA. EXTERNAL CAUSE WAS PRIMARY BO OF CONTRIBUTING CAUSE OF DEATH. 필급 Shot-Belt-in head well 3 shoul agent, MEDICAL 2Dc. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED execute the certificate r. Page 4 should be for id for your files. While Not While & 1965 CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy X. DIRECTOR: death resulted from: Natural causes Accident or its SICNATURE FUNERAL I **EXAMINER'S** please ex director. retained John G. Ball NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY of REMOVAL (Specify)
Burial 0 Jan.7

ADDRESS

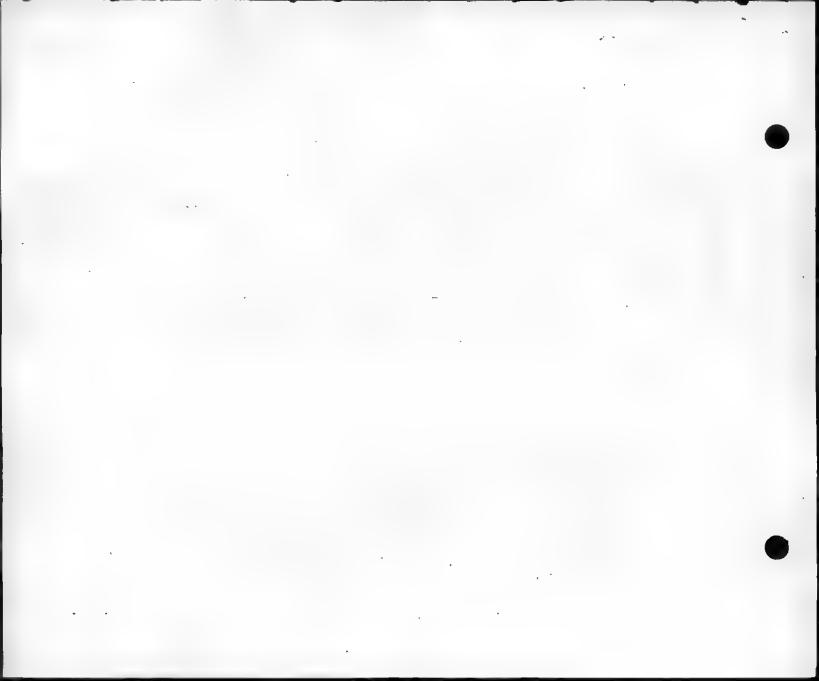
USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falls Church d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2410 Pimmet Drive NO THE DATE Last 4. FOLLTEN DEATH January 66 19 DATE OF BIRTH AGE (in yeers | FUNDER 1 YEAR | FUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. Months Days Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Wisconsin 14. MOTHER'S MAIDEN NAME Marit Larson 105 Charles Dr. Mrs. Audrey Smith Bryn Lar Pa INTERVAL BETWEEN ONSET AND DEATH Prevmonia.c dens. WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 12De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Home Inspection X. and in my opinion Inquiry Undetermined manner Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county) 23d. LOCATION (City, town or county) (State) 1966 Arlington National Cemetery Arlington, Virginia 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE Funeral Home 472 N. Washington St Falls Church. Va.

VR ALSME (5)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH a. COUNTY 1. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE COUNTY after hours after 7011. MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If putside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b hours Ξ. bon papers. filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Vmou7 NO X within letely carbon NAME OF DATE Middie Day Year Month DECEASED OF DEATH An. COMPL (Type or print) TA nnes 1966 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS геттоуе 7. MARRIED 🔀 NEVER MARRIED last birthday) Months Devs Hours and any WIDOWED / DIVORCED | 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and in INDUSTRY COUNTRY? FleeT. lecT. AssembleR Defense DERICA 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal E e RAINIA on signed by the attend burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) 577-26-6567 PATRICIA CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which peen gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY for use Health p PERFORMED? certificate NO 🔽 YES 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) detached for the Dept. of I OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) Hour a.m. factory, street, office bldg., etc.) After While - Not While at work at work p.m. retained U 21. I certify that (I) (this hospital) attended the deceased from 19(1) that (I) (we) last _ to. DIRECTOR: houl 19/// , and that death occurred atd 3 sho saw the deceased alive on _____ **EM.** from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED page ATTENDING PHYS. ∇ DIRECTOR M.D. PHYS. тау director, pa HOSPITAL PHYSICIAN'S 22d. ADDRÉSS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Prince George To. Md. 2/1/66 Lincoln 1331 Ro 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Funeral Home Rockville VR ALS (4) Rockville,Md PATE 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00933 CERTIFICATE OF DEATH funeral Land 2 Laeath. death. PLACE OF DEATH 8. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY **■fter** Indiana Montgomery the MARYLAND by the Pages, b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by to ove carbon papers. Page ovent, within 72 hours a write RURAL and give nearest town) 16 days Columbus Bethesda (Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS U. S. Naval Hospital Route 3. NAME DF DECEASED Middle Last DATE Month Foster DEATH January 26 (Type or print) Marie Jeanna 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH remove NEVER MARRIED last birthday) | Months | Days January 10,1966 Female Cauc. WIDOWED DIVORCED T attending physician a ermit. Then, please re on, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) E 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR during most of working life, even if retired) INDUSTRY Bethesda, Maryland cert∭cat 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Foster Wilmetta June Lawrence 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO. 17. INFORMANT John W. Foster Route #7. Columbus. Ind. cremation, none 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by the burial-transit PART I. DEATH WAS CAUSED BY: Congenital heart disease IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which peen gave rise to immediate as the prior to **DUE TO** cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate tile hollpital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING detached for the detached for the Dept. of the detached for the detached f DR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. After Not While at work at work should 21. I certify that (i) (this hospital) attended the deceased from Tan. 10 19 66, to Tan. 26 DIRECTOR: age 3 should liled with the 19 66, and that death occurred at 213 My from the causes and on the date stated above. saw the deceased alive on Jan. 26 22a. SIGNATURE ATTENDING page STAFF PHYS. DIRECTOR AΡШ TO FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) R. F. Swanger, M. D. Naval Hospital, Bethesda, Md. 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMDYAL (Specific) 1-28-66 Arlington National Cemetery Arlington 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin

Ave., Bethesda, Maryland

e. IS RESIDENCE

YES X

12. CITIZEN OF WHAT

CDUNTRY?

ON A FARM?

Year

19 66

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO |

(State)

(State)

Virginia

YES 🕌

, 19.66, that (#) (we) last

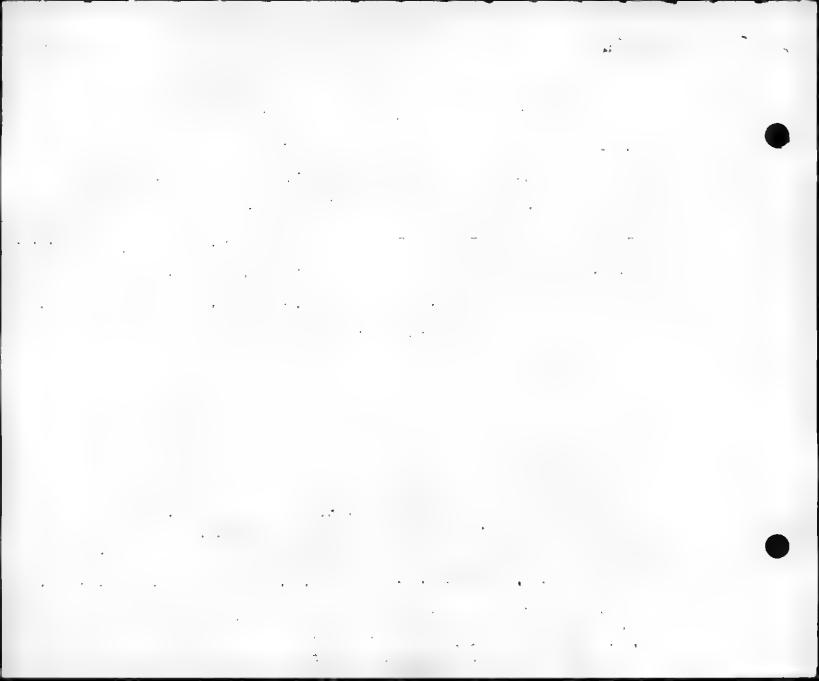
(County)

22b. DATE SIGNED

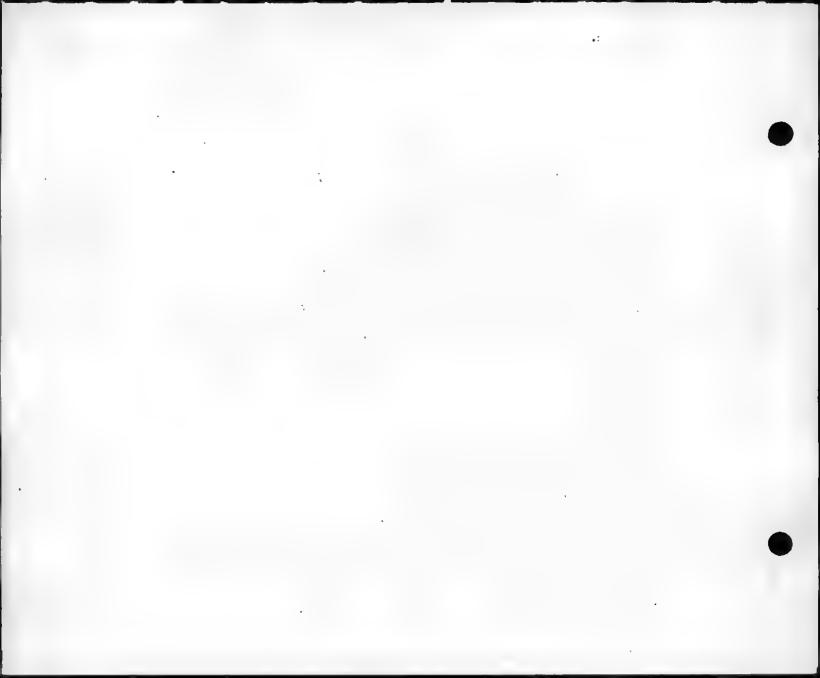
Jan. 27, 1966

ND

VR A15 (4) 20M 1/65



1		13	tem 20b Film G373 2/WARYLAND STATE DEPARTMENT OF HEALTH
FOR STA	ATE\ /		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10934 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH D	EPT	-	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY
ssary, ineral ay be tment	seath.		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
the fu	after death.	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
d 3 to	nours C		Montgomery County Air Port- 3205 Nord bine St - YES NO DAY YEAR Middle Lest 4. DATE Month Day Year
4 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	12		OFFICE (Type or print) Norman Alvin- Freudberg DEATH Jan 16 1966
	t within		M- W. WIDOWED DIVORCED 7-66-17, 1921 lest birthday Months Days Hours Min.
Give Pa	event	0	10a. USUAL OCCUPATION (Give kind of work done and industry) 11a. BIRTHPLACE (State or foreign country) 11b. KIND OF BUSINESS OR Industry INDUSTRY LIQUOR 11c. CITIZEN OF WHAT COUNTRY? COUNTRY? COUNTRY?
ours afte m 18. Gi e along	. E		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. DORCE FREUDBERG MINNIE GREENBERG
E = 2	val, and		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address JAMES (Yes, no, of unknown) (If yes give war or dates of service) 577-18-6278 PAREAREN LEE FREUDOERG AS 2)
in penci Examiner	or removal,	-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Lacration + Maceration of Brain Suddlery.
2 a	tion, o		867 A DUE TO A TO
ould be exe d "pendin ief Medica			conditions, if any, which gave rise to immediate cause (a), stating the OUE TO
word word Chie	to burial,		underlying couse last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
tificating the to the	7 t t t t t t t t t t t t t t t t t t t	5	YES NO YES 20a. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
writin rarded	agent, prior 1		
NER: This cer ificate, writin be forwarded	2 3 C		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. Jan 16 1966 at work at work at work Air-Port
Should be files.	ignated		21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my opinion death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner
the the	ts des		ACTUAL O. F & B. C. ACTUAL CYAMINER CO. CHIEF MEDICAL EXAMINER CO. C. DATE SIGNED
Page for M	45 A		EXAMINER'S CONTROL & BOLL DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU
please director.	of Health or		NAME (1998) Address (Street, City, town, or county) 7470/17-27-7 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify)
2	-	2	24. FUNERAL DIRECTOR ADDRESS \ 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15M8 5M	E (5) 1/65		Deasces Toucen Home 4217900500 pate 1 20 1966 Jelianles Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The physician compose curbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certified Page 4 may be retained by the hospital or attending physician.

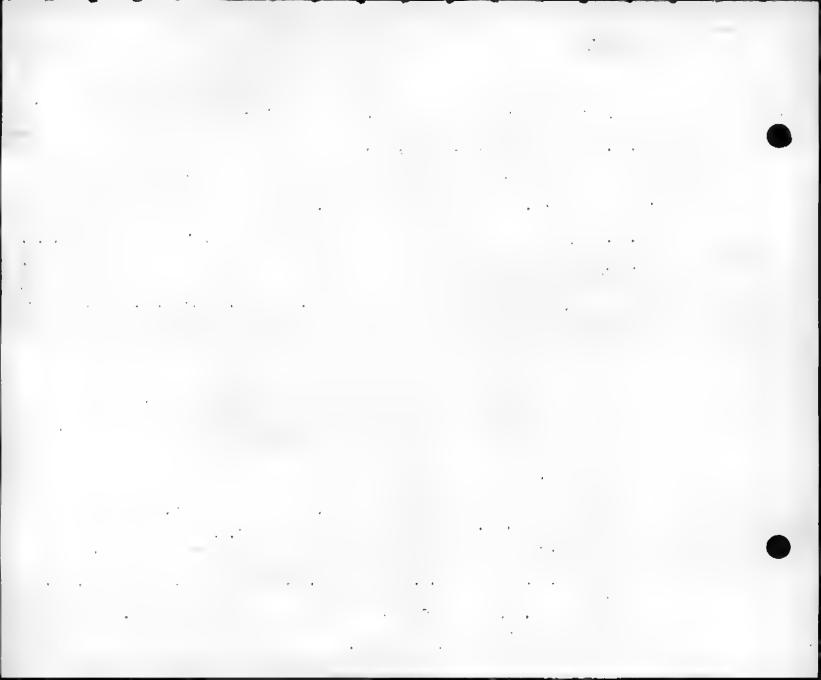
24

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF S	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	IARYLAND
00935	CERTIFICATE OF DEATH	01010

1. PLAGE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
Mantaman	e. STATE Pennsylvania Adams					
b. CITY OR TOWN (If outside corporate limits. 1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)					
Write RURAL and give nearest town)						
Bethesda (Rural) 31 days	Fairfield 7:					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
U. S. Naval Hospital, Bethesda, Md.	Box 102 YES NO NO					
3. NAME OF First Middle	Last 4. DATE Month Day Year					
(Type or print) Carl Alfred	FROGNER OF January 27 19 66					
	R DATE OF RIPTH 19 ACE (In years LEUNDER 1 YEAR HELINDER 24 HRS					
Male Cauc. WIDOWEO OIYORCEO F	'eb. 28, 1926 39 yrs. Months Oays Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Navy	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
U. S. Navy	Carrington, N. Dakota U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Edward Frogner	Emma Peters					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Pennsylvania					
(Yes, no, or unkown) (If yes pive war or dates of service) 536 20 7775	Mrs. Betty A. Frogner, Box 102, Fairfield					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: Cancer of the Lung	with widespread metastases					
163 X OUE TO						
Conditions, If any, which) (b)						
gave rise to immediate cause (a), stating the OUE TO						
underlying cause last. (c)						
	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
TA CONTRACTOR OF THE CONTRACTO	PERFORMED? YES XX NO T					
20a, ACCIDENT WAS UNDERLYING 17 20b. OESCRIBE HOW INJURY OCCU	RRED, (Enter nature of injury in Port I or Part II of Item 18.)					
G CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NNED, LEWIS HAMPS OF HIJERY III POIL FOR PAIL II DI HEM 18-7					
S 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Multa Liver Annie Life	ry, street, office bldg., etc.)					
	00 10 5					
21. I certify that XI) (this hospital) attended the deceased from	ec. 28 , 19.65, to Jan. 27, 19.66, that the (we) last					
	death occurred at 1248M, from the causes and on the date stated above.					
22a. SIGNATURE	ATTENOING MED. STAFF TA JOSE 3066					
tohuson M.O	. PHYS. OIRECTOR PHYS. X					
22c. PHYSICIAM'S NAME (Type)	22d. ADDRESS					
F. C. Johnson, M.D.	U. S. Naval Hospital, Bethesda, Md.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY						
REMOVAL (Specify) Jan. 31, 1966 Argington Nat	tional Arlington, Va.					
24 FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Wilson Funeral Home, Emmittsburg, Md.	FEB 1 1966 Charles Judge					
Things of the same	DATE I LD I 1000					

1000

1800



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64

Address INTERVAL BETWEEN DNSET AND DEATH WAS AUTDPSY PERFORMED? YES T ND | (State) 20f. (City or town) (County) that (I) (we) last ≤M. from the causes and on the date stated above. 22b 23d. LDCATION (City, town or county) (State) Georges County . Md REGISTRAR'S, SIGNATURE REC'D BY 25b.

Month

Months

IS RESIDENCE DN A FARM? ND X

Year

Hours

1966

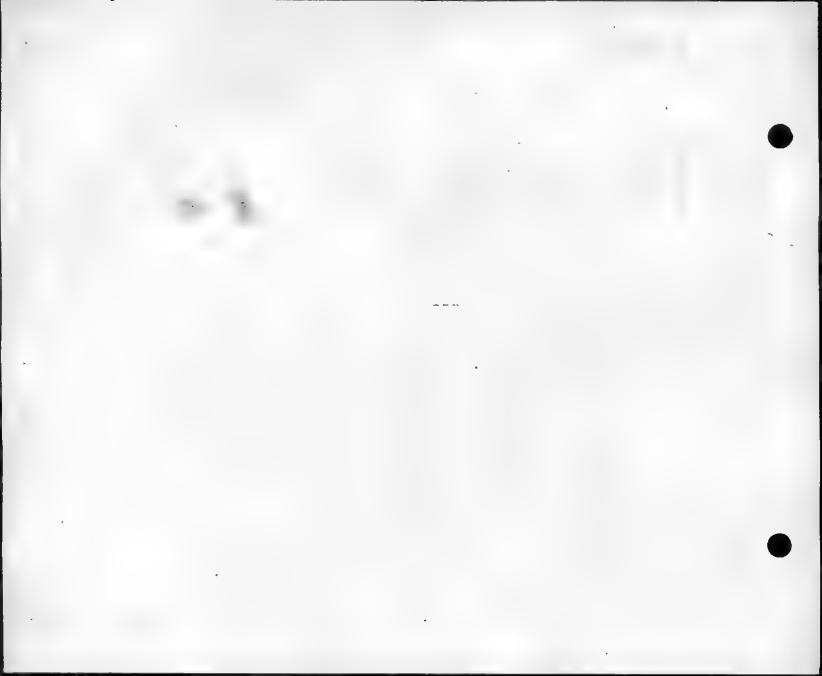
Day

6

12. CITIZEN OF WHAT

COUNTRY?

Days



TO FINERAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then lease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after decens TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		MARYLAND STATE DE	PARIMENT OF HEALTH 5. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1		00937 CERTIFICAT	E OF DEATH
)	1.	PLACE DF DEATH a. COUNTY TO TE TE THE TENER TH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. STATE b. COUNTY Maryland Montgomery C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town Rockville
10		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AODRESS e. IS RESIDENC ON A FARM?
Le Y	_	Holy Cross Hospital	13003 Twinbrook Parkway YES ND
	3.	NAME OF First Middle DECEASED John R.	Fyfe January 11 19 66
		Male White WICOWED OIVORCED	8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR February 27, 1905 60 yrs. Months Days Hours Min.
	du	USUAL OCCUPATION (Glyekind of work done Ing most of working life, even if retired) Substitute Substitute	Pennsylvania 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME ANUSILLA MACKIE
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, pr drhown) (If yes give war or dates of service) 17.2 - 14-6079	Roy Bossi, Windber Pa.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		OUE TO Conditions, If any, which (b)	peun 5 year
		gave rise to immediate cause (a), stating the underlying cause last.	listis Chau
7	ERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL OJSEASE CONCITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO
Con.	ပ	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of Injury in Part I or Part II of Item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work at work	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, officebidg, etc.)
		21. I certify that (I) (this hospital) attended the deceased from	t death occurred at 2:55 M, from the causes and on the date stated above
		saw the deceased alive on 22a. SIGNATURE	22b. DATE SIGNED
		Deu J. Curry	
1		22c. PHYSICIAN'S NAME (Type) Tohn I Curry M.D.	22d. ADDRESS

NAME OF CEMETERY OR CREMATORY

23€.

VR A15 (4) 15M 4-64

BURIAL, CREMATION, REMOVAL (Specify)

EUNERAL DIRECTOR

24.

23b.

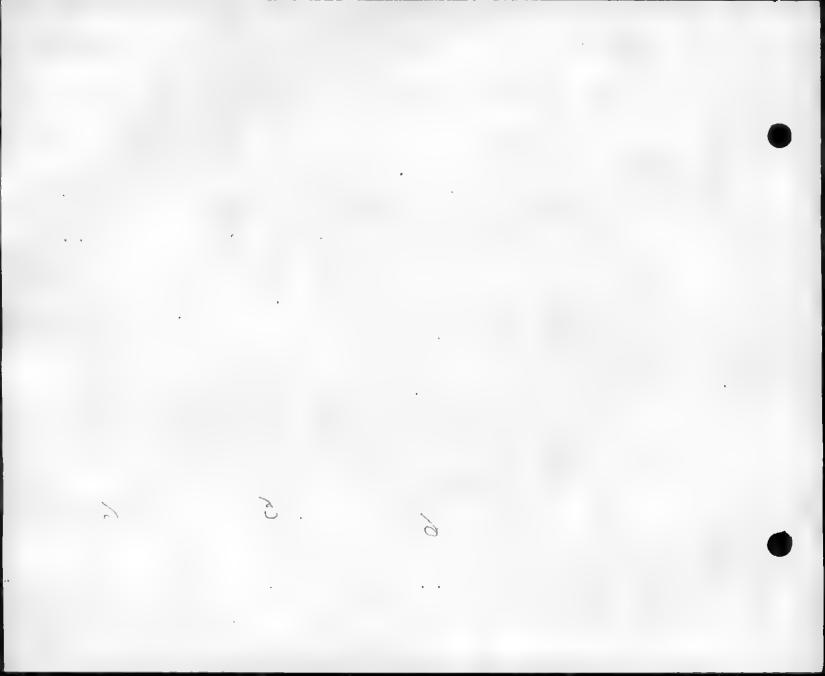
NBERS

LOCATION (City, town or county) 23d.

REGISTRAR'S SIGNATURE REC'D BY REGISTRAR

15+25a. 1956

(State)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

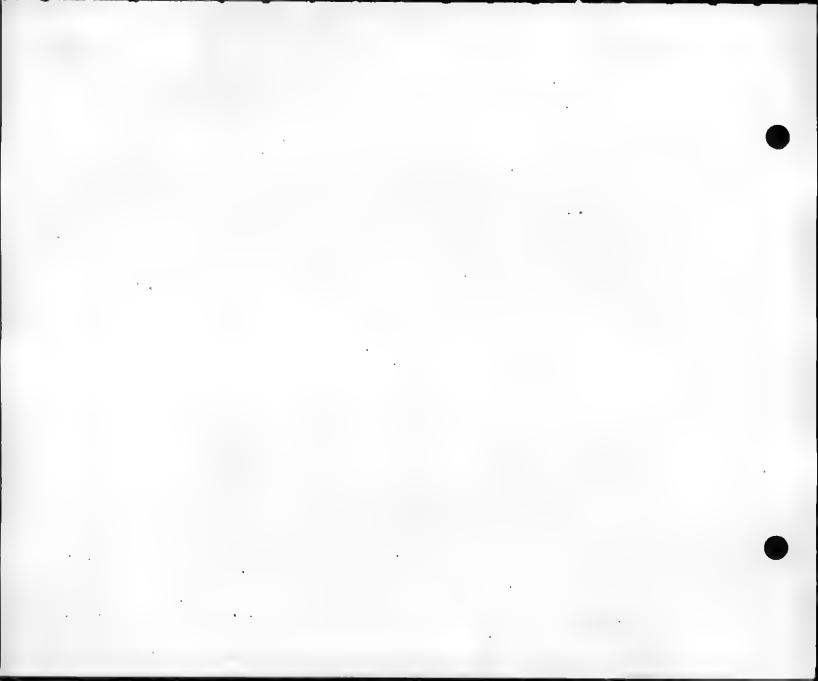
2 22	13	1	00938 CERTIFICATE OF DEATH
deoth ond deoth	The second secon		LACE OF DEATH COUNTY CO
executed within 24 hours after of completely filled in by the fur emove carbon papers. Pages i any event, within 72 hours after	. 6	5	NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS JOSEPH ADDRESS
uted with mpletely i e carbon event, with			AME OF ECEASED YEAR OF DEATH A DATE Month Jan, Doy Year Year or print) EX 6 COLOR OR RACE MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS OF DEATH 9 AGE (In years IF UNDER 24 HRS OF DISTRIBUTION OF MARRIED DOYS Hours Min
that the death certificate be executed within 24 hours after ion. by the attending physician and completely filled in by the fur fronsit permit. Then please remove carbon papers. Pages I cremotion, or removal, and in any event, within 72 hours after	-	100 dura	WIDOWED DIVORCED 3/6/8 Garbirthdoy) Months Doys Hours Min USUAL OCCUPATION (Give kind of work done growth of the work of working Tie, even if retired) Little 1 Litt
certification of physical Then plecimovol, or		X	FATHER'S NAME ON BANGERS MAIDEN NAME TILLIFICA - BARBARA
that the death an. by the ottendin ronsit permit.			WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c))
equires physic signed burial- burnal,			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove nse to immediate cause (a), stoting the underlying couse The part 1. DEATH WAS CAUSED BY: Respiration with was cau
e lov tendi ss be as t prior	0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\sum \) NO
HYSICIAN: The hospital or of servificote hospital for use other for use opt. of Health	Ť	CAL CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote)
NDING PHYS of by the hos Afrer this ce d be detache is Stote Dept.		MEDICAL	Hour a.m. p.m. 19 While of work of work foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 11/13 1965, ta 1/9 1966, that (I) (we) ta
TO HOSPITAL OR ATTENIE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the			saw the deceased alive an 19,65, and that death accurred at 24 M, from causes and an the date stated above 220. SIGNATURE Hau K. Rathan Melling Phys. MED. DIRECTOR DIRECTOR Phys. DIRECTOR DIR
SPITAL O 4 may be NERAL DII ttor, poge	1	230	PURIAL CREMATION. 23b. DAJE THEREOF. 23c NAME OF CEMETERY OR CREMATORY 22d ADDRESS 22d LOCATION (City or Town) (County) (Stote)
		24	REMOVAL (Spentar / 12/66 147. Chile of Chile of By REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66		- 4	WWW. CHAMBERS CO, WASHINGTON DEDAHAN 13 1999 Policylas ludge



VR A15 (4) 20M 1/65

	OUSSY OF	STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH 6, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH () (1019)
ι.	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if ou	WTGOMERS MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adm a. STATE b. COUNTY b. COUNTY on TGOM.

-1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Ц	a. COUNTY Management	B. STATE M. D. COUNTY M.
-1	b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4	write RURAL and give nearest town)	C. CITT OR TOWN (IT DUESTUS COPPORATE HILLIES, WITHOUT ROWNE and Blass need est town)
-1	CHEVY CHASE	CHEVY CHASE.
-1	d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	13d During C	151 Burney ST ON A FARM?
1	129-001NCy 27-	124-CYUINCY ST. YES NO
ч	3. NAME OF DECEASED Middle	Last 4. OATE Month Day Year
-1	(Type or print) UR. JUHN HALL	GENAU DEATH JAN. 67-1966
4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IIF UNDER 24 HRS. last birthday) Months Days Hours Min.
-		
-1		UAN / 6// S yrs.
4	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ı	DENTIST DENTISTRY	WASK. DIC - U.S.A.
ľ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- 1	Alarmie T Gerran	Maccan Hall
-1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFORMANT 4 Address
1	(Yes, no, or unknown) [(If yes give war or dates of service)	INFORMANT
-	NO 579-52-6548	NIFE - 1-0
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (e) CO 720 72 224	1 Tropeposis Tropa
	DUE TO TO	oute Howard USE one 7440
-	Conditions, if any, which gave rise to immediate (b) HVTENIOSCI	STOTIC TIEDIT XIJENE 24100
1	cause (a), stating the DUE TO	1/2 of 7:10.00 211.00
-1	underlying cause last. (c) Congestive	Alary Talluce Lyrs
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. (NAS AUTOPSY PERFORMED?
	CAT	YES NO NO
٦	20a. ACCIDENT WAS UNDERLYING 1 1 20b. DESCRIBE HOW INJURY OCCU	IRRED, (Enter nature of injury in Part I or Part II of Item 18.)
	☐ 200. DESCRIBE HOW INJURY OCCU ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ☐ (IF EITHER, NOTHEY MEDICAL EXAMINER)	11,2-1 (2-1-3)
		ACTIVITY OF THE PROPERTY OF TH
	□ I factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	Hour a,m. p.m. 19 While Not While at work	
	21. I certify that (I) (this hospital) ettended the deceased from	une 1964 to CAN-6 19 66 that (1) (we) last
		death occurred at M. from the causes and on the date stated above.
	22a. SIGNATURE,	22b. DATE SIGNEO
	SIIII T VALLET	ATTENDING MED. STAFF
	22c. PHYSICIAN'S), PHYS. DIRECTOR PHYS. 16 66
	NAME (Type)	I I I I I I I I I I I I I I I I I I I
	WILLIAM CONCELLED	
	232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	BURIAL 1-10-66 MT. OLIVET	- CHETERY NASH. D.C.
1	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Thomas B. Hanlow WASH. D.	C LAN 11 1000 Pelionla Puraz.
	1 revision 10 c/ resource	- DatAN 14 19661 Jerustes Junge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remove and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9 :	00020			OFWIIII	UAII	T OL DEVI	11					Ω	20
17	PLACE OF DEATH					2. USUAL RESIDE	NCE (Wh	ere dece				before at	imission)
1	Montgomer	Ţ		MARY	LAND	Marylan	d		Mont	gomer:	7		
-	h CITY OF TOWN /	f outside corporate limit give nearest town)	ts,	c. LENGTH OF STAY		c. CITY OR TOWN (e corp				e neares	st town)
	Wheaton	,		3 days		Rockvil	le		1.	. /			
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot In hos	pital, give street a	ddress)	d. STREET ADDRES	\$				0	. IS RES	IDENCE FARM?
-		Nursing Hor	ne		***	5010 Ma						ES 🗌	NO X
3.	NAME OF DECEASED (Type or print)	First		Middle	α.	Last	. (DATE OF DEATH	Monti	1	Day	Yea	
5		Beatrice COLOR OR RACE 7 MA		P		bson B. Date of Birth		9.	AGE (In years	IF UNDER :	20		
١,٠	35.		_	NEVER MARRIE	<u>'</u>			3.	last birthday)	Months	Days	Hours	
	r'emale	11777 00	OOWED [DIVORCE		3/17/1894			/⊥ yrs.		TIMEN (
10a dui	ring most of working	(Give kind of work done life, even if retired)		ID OF BUSINESS OF DUSTRY		11. BIRTHPLACE				CO	UNTRY	OF WHAT	i
	Housewiie					Washing			C.	U	SA		
13	. FATHER'S NAME					14. MOTHER'S MA	IDEN NA	ME					
	William H					Mary F	itzg	eral					
15 (Y	i. WAS DECEASED EVER	RINU.S. ARMED FORCES? Ves give war or dates of service	16. 8	OCIAL SECURITY NO	17.	INFORMANT			Addre	\$5			
1	Unknown	,			L	LOYD W. G	IBS	NC	SAME	AS #	12		
		TH [Enter only one caus	e per lin	e for (a), (b), and (c	3.1							RVAL BE	
	PART I. DEATH	WAS CAUSED BY:	Co	mesin	بر د	- Luces					ONS	ET AND	DEATH
		MEDIATE CAUSE (a)		, , , , , ,									
	Conditions, if any,	DUE TO			0								
	gave rise to imi	mediate (
	cause (a), statir												
Z	underlying cause is	IFICANT CONDITIONS CO	NTDIDIIT	INCTO DEATH DUT	OT DELA	TED TO THE TEDMINA	DISEAS	CCOND	ITION CIVEN IN	DART 1/2)	19.	WAS AL	TOPSY
ATIC	PARTIL OTHER SIGN	IFICAMI COMDITIONS CO	HIRIDOI			relitus	L DISEAS	COOND	I I I ON CIACA IN	PARE I(a)		PERFOR	RMED?
문	AA IAAIBEID WA	- ANDERSON -	001 0	_			- F (- F	1. 6.	A Law Bank III a	£ [4 2.0]	YE	s 📗	NO 🗌
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJU	RY OCCU	RRED. (Enter nature	or injury	in Par	TE I OF PARE II C	it item 18.)		
동	20c. TIME OF INJU	RY Month, Day, Year	20d. INJ	URY OCCURRED	20e. PLA	CE OF INJURY (Home,	farm,	20f. (0	City or town)	(Cou	nty)	(State)
MEDICAL	Hour a.m.	19	While F	Not While	racto	ry, street, office bldg.	, etc.)	_	0				
2		nat (I) (this hospital) a			r.0m	July	1045	to	Jan	10 6	- h	at (I) fe	we) last
1	saw the decea	1/ .	- 19			death occurred at	914	_, to_ M. fro:	mothe causes	and on th	,		
	22a. SIGNATURE	1								22b. D/	ATE SIG	NED	
	Berna	of he dital	calo	<	M.D		MED.	TOR [STAFF PHYS.	1 -	20	-64	0
	22c. PHYSICIAN'S NAME (Type)	BERNARD A.	F1729	CRALD		22d. ADDRESS	BLU	10. E	E. SILI	er 51	۶.	MA	-
238	a. BURIAL, CREMATI	ON, 23b. DATE THERE	OF	23c. NAME OF CI	METERY	OR CREMATORY	23	d. L00	CATION (City, to	own or cou	inty)	(\$	tate)
	BURIAL (Specify	1-24-66	3	MT OLIV	ET	CEMETERY		WA:	SHINGT	ON		D.	C.
24	. FUNERAL DIRECTO		7	ADDRESS W	IASH		EC'D BY		TRAR 25b. R	EGISTRAR'		ATURE	
	FRANCIS	J. COLLINS	382	1 14TH.	ST.	N.W. Data	121	19	66 fel	ioneles	Jus	ge.	

VR A15 (4) 15M 4-64

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VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	100021 CERTIFICAT	E OF DEATH	00041
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Inst	titution: Residence before admission)
1	a. COUNTY VMONTOOMER (1/ MARYIAND	a. STATE PC. 1. DO b. COUN	mantamery
-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if butside corporate limits, wri	to PUDAL and mus pagget town
	write RURAL and give nearest fown)	c. CITT OR TOWN (IT outside corporate limits, will	Ite KOKAL alla give tieglost tompt
П		GAITHERS DURG M	DARU/AUd. /
F	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
p	Hali apara of Cilian Con as	18 Nutton AL	ON A FARM?
	11014 6 XO22-01-211682 XX1110	11011	P YES NO X
ı	3. NAME OF Middle	Last 4. DATE Month	Day Year
	(Type or print) Ohn III. (7/00s	DEATH / —	19 66
П	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		IF UNDER 1 YEAR IF UNDER 24 HRS.
П	MALO IIII WIDOWED TO DIVORCED TO		Months Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country)) 12. CITIZEN OF WHAT
1	during most of working life, even if retired) INDUSTRY	1: 4 6	COUNTRY?
	Alle fant	Murulg Lo. Mile	1159
Т	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
П	Edinore Held	Atoxoly Course	(d -
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17.	INFORMANT / Addres	55/)
1	(Yes, No, or unknown) (If yes give war or dates of service)	YOU Kesital 169	Sueleous.
:		J 0 0 F-100 / 0 /	
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: Muchine of Ma	40caldem_	1 hour
1	DUE TO DIE TO		
1	Conditions if any which)	Varching	53 haure
П	gave rise to immediate	/ · · · · ·	
П	cause (a), stating the DUE TO	ent Person	Lubumin
1	underlying cause last. (c) (Cally 22	ATTO TO THE TENANT OF THE COURT OF THE CHIEF HA	PARTI(a) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 2DB. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CONTR	WIED TO THE LERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
7			YES NO
	2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II o	f Item 18.)
1	G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
1	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, 2Df. (City or town)	(County) (State)
1	Wille I Malle I Mot walle I was	ory, street, office bldg., etc.)	
1			-7.6
-	21. I certify that (I) (this hospital) attended the deceased from 🗸		_, 19 <i>6.6.</i> , that (I) (we) last
П		t death occurred at 3' / M, from the causes	and on the date stated above.
Н	22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
Ш	Caron H. Valum M.	D. PHYS. DIRECTOR PHYS.	JANUARY 2 1966
П	22c. PHYSICIAN'S	22d. ADDRESS	0, 100
1	NAME (Type) PIGKER H INACO)	5237 George Use Kelsei	Knin Kaulland
	238, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 1 23d. LOCATION (City, to	own or county) (State)
	Bring Jan 5,1966 St. Rose	C. 1. C.	
	24. FUNERAL DIRECTOR ADDRESS	7	EGISTRAR'S SIGNATURE
1	316 E Diamond. As	-2	el de
5	Colyboran GAITHERSKURG M	a DAJAN 5 1966 F-	carles Judge



10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

1	DIVISIO	N OF STATE	STICAL RES	EARCH AND RE			N STREE	T, BALTIMOR	RE 1, MAI	RYLANI)
_	00944	3		CERTIF	ICATI	E OF DEATH	1			000	16
1.	PLACE OF DEATH	А				2. USUAL RESIDEN		eased lived, If insti		ence before	admission)
	Monte	Omery N (if outside cor		MAR	YLAND	a. STATE Maryl	and		Mont	gome	
	b. CITY OR TOW write RURAL	N (if outside cor and give neares	porate limits, t town)	c. LENCTH OF STA	Y IN 15	C. CITY OR TOWN (IF	outside corp	orate limits, writ	e RURAL and	give nea	rest town)
	Olney					Olney		1	6 "	,	
	d. NAME OF HO	SPITAL OR INSTIT	TUTION (if not it	hospital, give street	address)	d. STREET ADDRESS				0. IS R	A FARM?
		mery Gen		4		17111 01	d Balt:	more Roa	d	YES	No X
3.	NAME DF DECEASED		First	Middle		Last	4. DATE	Month		Day	Year
-	(Type or print)				shalk		DEATH	Januar	11		9 66
3	SEX	6. COLOR OR R	ACE 7. MARRII	ED 🔲 NEVER MARRIE	ED 🔲 8	B. DATE OF BIRTH	9.	ACE (in years it	FUNDER 1 YI Aonths I Day	5 Hou	
Z	emale	White	WIDOWI			1/5/88		утв.			
dur	ing most of work	ing life, even if r	etired)	KIND OF BUSINESS OF INDUSTRY	R	11. BIRTHPLACE (C	-	or foreign country)	I COUN	EN OF WH TRY?	IAT
45		ewife	r	ome		4	consin		U.	S.	
13.	FATHER'S NAM					14. MOTHER'S MAIL					
		l Robbin				unknown	Bra	nson			
(Ye	. WAS DECEASED :	EVER IN U.S. ARMI { If yes give war or d	ED FURGES? 1	6. SOCIAL SECURITY N		INFORMANT		Address			
	no			inknown	1	spital reco	rds				
				r line for (a), (b), and (c).]	011	*			NTERVAL DNS. AN	BETWEEN D DEATH
	PART I. DE	EATH WAS CAUSE IMMEDIATE CA	D BY: NUSE (a)	Myocard	ial	onkarti	~			2	hrs
	4204		DUE TO	A	1.6	1					
	Conditions, If		(b)	Coronar	14	ear Dise	ase			>	443
	gave rise to cause (a), si		DUE TO	0	2	J z				5	
_	underlying caus		(c)	Coronan	148	herosulen	2150			5 6	75,
TION	PART II. OTHERS	ICNIFICANT CON	DITIONS CONTRI		NOTRELA	TED TO THE TERMINAL D	DISEASE CONT	ITION GIVEN IN P	ART 1(a)		AUTOPSY ORMED?
-ICA			ctes	Mellita	5 .				-	YES 🗌	NO 📉
CERTIFICATION	20a, ACCIDENT OR CONTRIBUTI	WAS UNDERLYIN ING CAUSE OF TIFY MEDICAL EX	G 20b.	DESCRIBE HOW INJU	IRY OCCU	RRED. (Enter nature of	f injury in Pa	rt I or Part II of	Item 18.)		
		INJURY Month, I		INJURY OCCURRED	DO: DIA	E OF INJURY (Home, fa	1 006 d	01111	/Davahu	h.	(State)
MEDICAL	Hour a.r	n.	Whi 19 at w	le - Not While -		y, street, office bldg., e		City or town)	(County	,	(2rare)
	21. I certif	y that (I) (this	hospital atter	ided the deceased t	rom	1	<u>25 , to_</u>	Jan 26	<u>ماما 19</u>	that (I)	(we) last
	saw the dec	ceased alive on	1/20	16619	and that	death occurred at	2:45 M, fro	m the causes a	nd on the	date stat	ed above.
	22a. SICNATUR	₹E				TTENDING.	1150	07155	22b. DATE	SIGNED	
		chard A.	Yates		M.D.	. PHYS.	MED. DIRECTOR	STAFF PHYS.	13	1166	, , , , , , , ,
	22c. PHYSICIA NAME (T)	N'S Kack	- Ca	chaly his	7	22d. ADDRESS		a	1	ŧ.	
		1				Olney, M	arylan	1			
23a	REMOVAL (Spe	ATION, 23b. Di	ATE THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LO	CATION (City, toy	n or county)	(State)
	mrar-ti	ransit	2/3/66	Birmingh	am I	afayette	Wes	t Chest	er.	Pa.	
24	Robert		nnhwa	Bethesda.	Mel		D D BY RECIS	/4 ATR	cistraris s	O	
		- AND I CUL	aparey	bethesda,	riu.	DATE	ן ו	966	rances	Just	

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH filled in by the funeral papers. Pages I and 2 thin 72 haurs after death. within 24 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where decensed lived if institution. Residence before admission o., COUNTY 17.18R6 MARYLAND TOWN IN outside corporate limits. LENGTH OF STAY IN 1b and give peofest town) write RURAL and give nearest town) 61 e IS RESIDENCE ON A FARM? d MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRES in ony event, within 72 filled YES No X NAME OF Middle 4. DATE Month 000 Firs! Lost Doy Year completely DECEASED
(Type or print) OF DEATH 196 IF JNDER 1 YEAR IE UNDER 24 HRS 9. AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH last birthdoy! Months Doys DIVORCED WIDOWED 10o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAJ-INDUSTRY during most of working life, even if retired) COUNTRY,? ond Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physical buriel-transit permit. Therest buriel, cremation, or removel, Unknown Imknown INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address requires that the death (Yes, no, or unknown) (If yes give wor or dotes of service) Unknown INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retoined by the hospital or ottending physician. DUE TO Conditions, if any, which gove hilasia YEAR rise to immediate couse (a), DUE TO for use os the b f Heolth prior to b stoting the underlying couse hos been ATTENDING PHYSICIAN: The fow PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS! PERFORMED? YES NO ROCK BORNEU MENGIA O FUNERAL DIRECTOR: After this certificate 20o. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20a. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 2). I certify that (I) (this hospital) attended the deceased from 1.2 director, page 3 should should be filed with the 1966, and that death accurred at 3/2 AM, from causes and an the date stated above. saw the deceased alive an. 22b DATE SIGNED 220. SIGNATUR 80 M.D. PHYS. DIRECTOR 22d ADDRESS O HOSPITAL 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY **BURIAL, CREMATION** 23b DATE THEREOF LOCATION (City or Town) (County) (Stote) Burial 8/661 County Md. Fort Lincoln Cem. Prince George

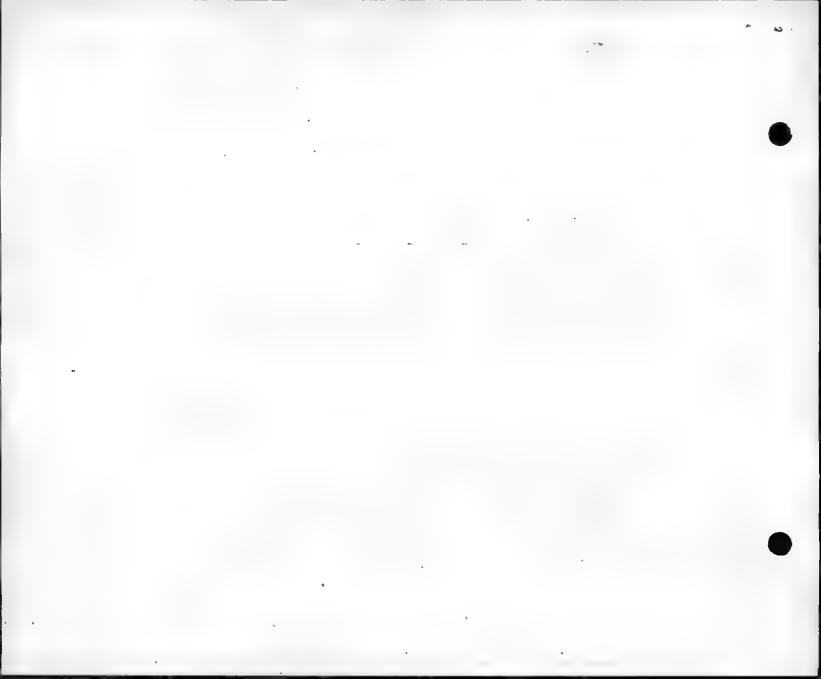
VR A15 (4) 20 M 1/66

24 FUNERAL DIRECTOR Robert A. Pumphrey

25o. REC'D BY REGISTRAR ADDRESS 7557 Wisconsin Ave Bethesda DAT

Md

2Sb. REGISTRAR'S SIGNATURE



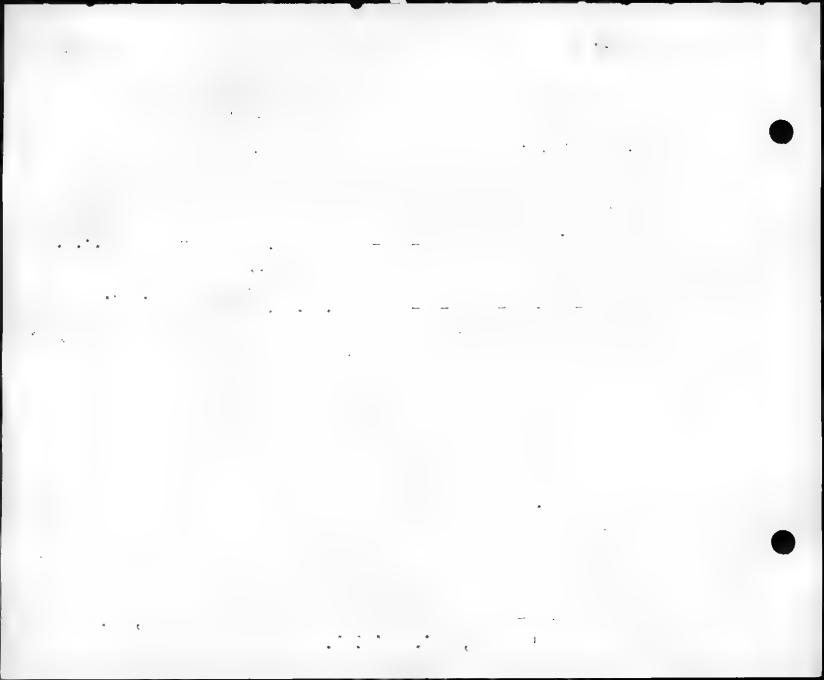
TO HOSPITAL OR ATTENDING PHYMICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attended by sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit, the please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

OLITITIOAT	E OI PENIII	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution:	lesidence before admission)
Manatana and and and and and and and and and	Maryland Montgomer	177
b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b	raryland Montgomer	and give nearest town)
write RURAL and give nearest town)		1
Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Chevy Chase	e. IS RESIDENCE
	9%	ON A FARM?
5038 Park Place	5038 Park Place	YES NO X
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) CLITIC EDITIO	GRAVES DEATH YOUN.	17 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (le years IF UNDER	1 YEAR IF UNDER 24 HRS. Days Hours Min.
Denule White WIDOWED DIVORCED	Lee, 14, 1873 92, yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. 0	ITIZEN OF WHAT
Our interrupts of working life, even if refired INDUSTRY		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Henry Walter	Emma Edith Engel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.		
(Yes, no, or unknown) (If yes give war or dates of service) 179-60-7577 M	rs. E. T. McKnight	
18. CAUSE DF DEATH [Enter only one cause per line for, (a), (b), and (c),	S. E. I. MCKHIEHO	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	atheretical later	ONSET AND DEATH
IMMEDIATE CAUSE (a)	isvacan soums	12 weath
DUE TOOM	D. P. Aliana	2
Conditions, If any, which gave rise to immediate (b)	DIMERLAS	P
cause (a), stating the DUE TO	15	Burao 1942
underlying cause last. (c)	~ ~	9 00.111
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
IS JIABETES Generally	20 del Hilori & celeroses	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 200, ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ORRED. (Enter nature of injury in Part I or Part II of item 18	1.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL		unty) (State)
[8] Mulle Mot Mulls	ory, street, office bldg., etc.)	
	Person A 9 20117 I Doct IN 201	(that (D foot last
21. I certify that (I) (this-heepital) attended the deceased from		_6_, that (i) (we) last
saw the deceased alive on	death occurred at M, from the causes and on the	ATE SICNED
Ny Mas Je of Born	ATTENDING - MED. STAFF	unichh
22c. PHYSICIAN'S A	D. PHYS. DIRECTOR PHYS. PHYS. DIRECTOR PHYS. PHYS.	111900
NAME (Type) ALMA JANE SPEER	3232 Gardised 5/1	NTCO
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 230. LOCATION (City, town or co	unty) (State)
Removal 1-19-1966 Presbyteria	an Cemetery Alexandria Va	
24. FUNERAL DIRECTOR 5130 Wisc ADDRESS N. V		S SICNATURE
Joseph Gawler's Sons, Inc. Wash.		· Oudes
	1 20 10001 7 2 70	J. Markette

VR AI5 (4) 20M 1/65



2 1			Items 18821 Film G373MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S		TN	00945 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY
0 a 2 2	Ħ류 I	1	b. City Or TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town
cessary funera may be	artme		write RURAL and give nearest town) D. O. A. Takoma Park
550	Department after death.	_ ,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM?
delay 3 and 3 to t 3. Page	State hours	11	Wash, San, + Hosp 8/10 Hammond AVE YES NO
any del 2, and PM3.	the S 72 h		3. NAME OF PIECE MONTH Day Year DECEASED (Type or print) Followed Frederick (Frune DEATH Jan 9 1966
# 1 E	2 with within		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR Iast birthdey) Months Days Hours Min.
ages for	12 v	4	I Tale W WIDOWED DIVORCED Apr. 11, 1716 49 yrs.
urs after death. If a 118, Give Pages I, along with form F	l and event	7	100. USUAL DECUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR VILLED OF WHAT States or foreign country) 12. CITIZEN OF WHAT COUNTRY? Sales man Breyer Jee Cream Hartsdale, New York U.S. A
s aff 18. Calong	pages in any	2	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hours tem 18 ice al	File pa and in		Edward F. GRUNE MARGARET KINGSLEY
uted within 24 hours " in pencil in Item 1 Examiner's Office a			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) WES. MARIE M. GRUNE (WIFE) SAME. AS
withi pencil niner	permit. removal,		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c),]
in f	Sit		PART I. DEATH WAS CAUSED BY: Acute myocardial insufficiency ONSET AND DEATH
exect ding ical	al-trar ation,		Conditions, If any, which \ Coronary artery heart disease
"pen Med	burial-tran cremation,		gave rise to immediate cause (a), stating the DUE TO
thou! ord hief	S 20		underlying cause last. (c)
the w	used as a to burial, u	2	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY NO 19. WAS AUTOPSY N
AL EXAMINER: This certificate should be executed the certificate, writing the word "pending" in it should be forwarded to the Chief Medical Examptions.	ld be u prior to		20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.)
ils ce writi arde	t, pr		B CAUSE OF DEATH.
R: T}	3 should		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) While at work at work at work
MINE of be	Page ated		p.m. 19 at work at work 21. I certify that I took charge of the remains described above held an Autopsy X, Inspection X, Inquiry X, and in my opinion
Should should should files	ECTOR: Page designated		death resulted from? Natural causes X, Accident , Sulcide , Homicide , Undetermined manner
63 -			ACTUAL OCCUPY CHIEF MEDICAL EXAMINER (22. DATE SIGNET
1 2 2 E		2	EXAMINER'S BOLDERY R DEAD M.D. DEPUT MEDICAL CAMINER X 1/10/66
DEPUTY lease ex irector.	O FUNERAL of Health		NAME (Type) A LOCKY / LOCATION ADDRESS (Street, city, town, or county)
plea dire	I D FU	0	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF SEMETERY OR CREMATORY 23d. LOCATION (City, town or, country) (state) REMOVAL (Specify) SUM. 13, 1966 - Fact Parcales Cemeters Colombian Colomb
•	. (20	24. FUNERAL DIRECTOR ADDRESS 1252 REGISTRAR 25b. REGISTRAR'S SIGNATURE
	15ME 4-64	100	Service fallity, 254 Carrall Main- UC DAJAN 13 1966 Thomas July



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Montgomery **b.** COUNTY "lary land Montaomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Silver Spring URS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Crest Hill Same 14000 Crest Hill YES NO completely papers. 3. NAME OF 4. DATE DECEASED OF (Type or print) RAY LECLIE carbon 5. SEX 9. AGE (In years | IF UNDER I YEAR 7. MARRIED NEVER MARRIED (est birthdey) Months Days WIDOWED [10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County 12. CITIZEN OF WHAT COUNTRY? done-during most of working life, even if retired) PRINTER 13. FATHER'S NAME GUSTAFSON DAGNY WHICKLAND CADI d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 1 17 INFORMANT (Yes, no, or unkown) (If yes give war or detes of service) removal 14000 CREST HILL LAWIS 18. CAUSE OF DEATH Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. (c) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 19. WAS AUTOPSY CERTIFICATION S 0 PERFORMED? YES NO W USe prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of Itam 18.) Pol OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After th detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While at work at work DIRECTOR 192 plnous19.6.C., and that death occurred at 1.1% AM. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR M.D. page with # HOSPITAI FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 236, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Arlington National Cemetery Arlington, 24 FUNERAL DRECTOR'S SHOWATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 20M S-63



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4-		- 0
	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	Montgomery MARYLAND	a. STATE Virginia b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
1.	write RUBAL and give nearest town) Bethesda (rural) 4 days	Quantico
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
,	U. S. Naval Hospital	MOQ 196, Marine Corps Schools YES NO X
3	NAME OF First Middle	Last 4. DATE Month Day Year
_	(Type or print) James Richard	Hadd beath January 22 19 66
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
Ļ		March 24, 1947, 20 yrs.
d	Oa. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR uring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
_	Student) 3. FATHER'S NAME	St. Paul, Minnesota U.S.A.
'	Harry A. Hadd	14. MOTHER'S MAIDEN NAME Helen R. Haeusler
-		
- (Yes an or unknown) (If yes nive war or dates of service)	MOQ 196, Marine Corps Schools
	No Har	rry A. Hadd, Quantico, Virginia
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute Leukemia	INTERVAL BETWEEN ONSET AND DEATH
\perp	IMMEDIATE CAUSE (a)	
	7043 DUE TO	
	Cenditions, if any, which gave rise to immediate (b)	
	cause (a), stating the DUE TO	
18	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 119. WAS AUTOPSY
, 5	The state of the s	PERFORMED? YES X NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
CESTIFICATION	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,
5	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour s.m. While Not While factor	y, street, office bldg., etc.)
2		Jan. 18 1966 to Jan. 22 1966 that 10 (we) last
	saw the deceased alive on Jan. 22 19 66 and that	Jan. 18, 1966, to Jan. 22, 1966, that 10 (we) last death occurred at 6:23M, from the causes and on the date stated above.
	22a_SIGNATURE	22b. DATE SIGNED
	Francis C. Johnson M.D.	ATTENDING MED. STAFF Jan. 22, 1966 PHYS. Jan. 22, 1966
Т	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
		U. S. Naval HOspital, Bethesda, Md.
2	3a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY EMOVAL (Specify) 1/25/66 Arlington Nat-	, , , , , , , , , , , , , , , , , , , ,
-	1/2/00	
-	The Town	0.00
-	R. Murphy, Arlington, Virginia	JAN 26 1956 1956

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH o. COUNTY Department of Maryland Montgomery
b. CTY OR TOWN (If outside corporate limits, Montgomery c LENGTH OF STAY IN 16 c. (TY OR TOWN (flouts de carporate limits write RURA, and give nearest town) write RURAL and give nearest town) ofter Silver Spring 1 hr
d NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) Silver Spring e IS RESIDENCE ON A FARM? d STREET ADDRESS along with form hours 9211 Mintwood Lane Stote [YES NO X Holy Cross Hospital NAME OF Middle 4 DATE Month DECEASED 1/17/66 Hampton 0 Katherine # within (Type or print) DEATH B. DATE OF BIRTH 9 AGE (n years IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) 11/6/65 DIVORCED event LI BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Washington, D.C. podes 3 FATHER'S NAME JA MOTHER'S MAIDEN NAME be executed within penci S John L. Hampton Constance Carens Ele puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO 17 INFORMANT Minutwood Lane word "pending" in the Chief Medicol (Yes, ng, or unknown) (If yes give, wor or dates of service) removal None John Hampton, Silver Spring, Md. 18. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY INTERVAL BETWEEN buriof-tronsit 0 IMMEDIATE CAUSE (o) certificate should writing the word cremation, DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPS PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED 0 200 EXTERNAL CAUSE WAS PRIMARY OF CONTR BUTING CAUSE OF DEATH. agent, prior 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form Not While foctory; street, office bldg , etc.) While While of work at work designated 21. I certify that I took charge of the remains described above, held an Autopsy the funeral director. Undetermined manner death resulted from? Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER SIGNATURE Health or i NAME (Type) 230 BURIAL CREMATION. 23d. LOCATION (City or Town) Arlington Nat & Cemetery 1-19-66 Appress Georgia Avenue

2So REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE

VR A15ME (5)

24. FUNERAL DIRECTOR



_ 1		·	I	tems 18-21 Film G37 MARYBAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	TATE			00949 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT		1.	PLACE OF DEATH a. CDUNTY e. STATE D. COUNTY O. COUNTY
ecessary e funeral may be	death			b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town) Lucation of the rural end give nearest town of the rural end give nearest town or the rural end give nearest
£ 2 ro	te Depar s after	7/	-	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Ukuchs Sant Hospital, 5407 Sargent Rd., YES NOT
y delay and 3 M3. Pa	the State 72 hours		3.	NAME DF First Middle Last 4. DAYE Month Day Year DECEASED (Type or print) Bey Day Of Tank Handy DEATH / 25 1966
h. If anges 1, 2 form PI	2 with t		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIATH SEX WIDOWED DIVORCED 5-23-1/ DIVORCED
Give Pag	1 and 'event		10a dur	USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR INDUSTRY HUDUSTRY
m 18.	pages in an		13.	Cather's Name (14. MOTHER'S MAIDEN NAME) Hood
in 24 h ii in Ite rs Offic	it. File val, and			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hyalles will (If yes give war or dates of service) 226-09-8088 Thus - Mrtrant M. Hardy Md.
ted with in penc Examines	it permit. or removal			18. CAUSE OF GEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Multiple, extreme, injuries with massive onser and Death
be execut pending" Medical E	burial-transit cremation, or			Conditions, If any, which by exsanguination.
ould be rd "pe ref Me	60			gave rise to immediate cause (a), stating the DUE TO underlying cause last.
Ificate sh the wo to the Ch	used as to burial	2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	d be		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Pert II of Item 18.) Deceased crushed against building by car moving in reverse.
MINER: This cer brifficate, writin d be forwarded	e 3 should d agent, p	/	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebldg., etc.) 2:25 p.m. 1/25 1966 at work 2 at work 2 street, officebldg., etc.) School yard Chillum Pr. Geo. Md.
EXAMIN certif hould b	CTOR: Page designated		_	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinio death resulted from: Natural causes XX Suicide XX
ute the ge 4 sl	IRE its			ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER (22. DATE SIGNET
X ax	C	n Sin		EXAMINER'S BELDEN R, READ M.D. DEPUT MEDICAL STANDARD JAN, 35, 1966 NAME (Type) BELDEN R, READ M.D. Address (Street, city, town, or county)
TO DEPUT please e director.	TO FUN		238	BURIAL (Specify) 1-29-1966 Old Stone Church Cam. FRECERICK Co. Va.
	15ME 4-64		24	FUNERAL DIRECTOR Johnston Address ADDRESS W. 25a. REC'D BY REGISTRAR SIGNATURE STEEPER



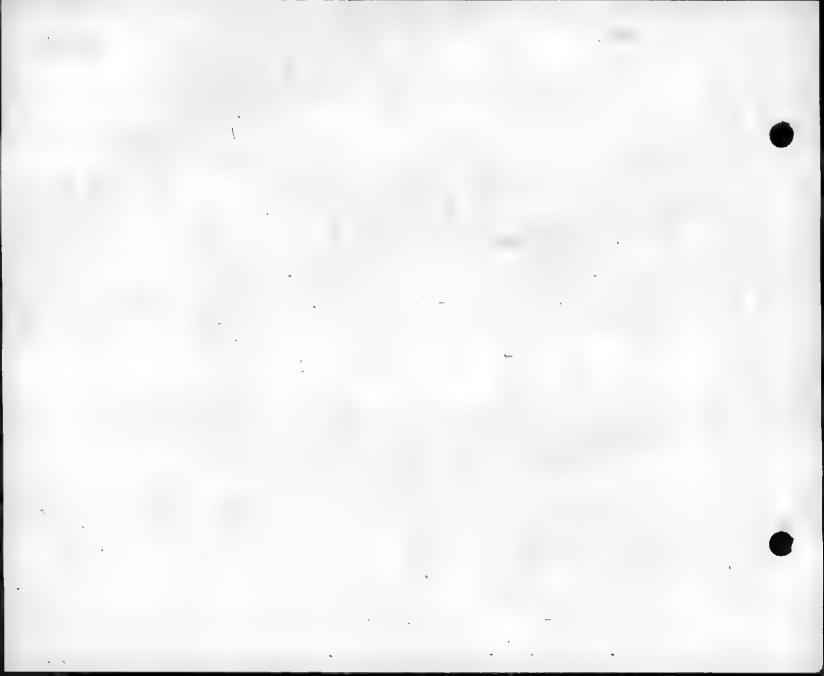
TO HOSPITAL OR ATTENDING PRYSICIAN: The law requirem that the death certificate he executed within 24 hours after leath. Page 4 may be retained by the hospital or attending physician. TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and/in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10928

	1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived, If Institution: Re	sidence before admission)
н	a. COUNTY		a. STATE	b. COUNTY	De si forming
-	b. CITY OR TOWN (If outside corporate limits)	MARYLAND LENGTH OF STAY IN 1b	c CITY OF TOWN (If ourself	e corporate limits, write RURAL	and give nearest town
1	write RURAL and give nearest town)				
	.SILVER SPRING	6 weeks	Silver Spr	ing /	
H	d. NAME OF HOSPITADOR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS	9 Blueridge Goen	e. IS RESIDENCE ON A FARM?
^ <u> </u> _	HOLY CROSS HOS	SpitAL	1510 HIVEORE	SHIGHLIGH IVER!	YES NO W
1	3. NAME OF First	Middle	11.	DATE Month	Day Year
	(Type or print) (AHERINE	H. 1	777 N 1/10/V	DEATH JAN,	5/ 1966
V	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 🔲 🛚 8	DATE OF BIRTH	9. AGE (In years IFUNDER :	Days Hours Min.
1	F WIDOWED W	DIVORCED	3/8/03	62 yrs.	out tours
4	10a. USUAL OCCUPATION (Give kind of work done 10b. KINI	OF BUSINESS OR	11. BIRTHPLACE (County &		TIZEN OF WHAT UNTRY?
н	during most of working life, even if retired) NOTION OF THE PROPERTY OF THE P	ISTRY (2		USA _
-	13. FATHER'S NAME	1 e Lephore	14. MOTHER'S MAIDEN NA		A 3 / F
П	C 0 11-1		M		
-	George J. Haben		Mary 1. Mc Gro	Address	
-1	(Yes, no, or unkown) (If yes give war or dates of service)		INFORMANT	2356 Glenmont C	inclo
-1	No None 577	7-01-2246 Joh	in G. Thompson	Wheaton Marula	ad
1	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY:	· de Alena	10.116 m. 1 1	trito	ONSET AND DEATH
П	IMMEDIATE CAUSE (a)	word provide	and the same		Charles -
-	Occudibles is any orbital ?	7	B +	0	1
	Conditions, if any, which	meres and s	1) rungry un	enous	
H	cause (a), stating the DUE TO		1		
-1	underlying cause last. (c)				
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DES	<u>ng to death</u> but not relat	TED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2	ICA.				YES X NO
	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCUP	RRED. (Enter nature of Injur	y in Part I or Part II of item 18.)
ı	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. While p.m. 19 at work	JRY OCCURRED 200, PLAC		20f. (City or town) (Cou	nty) (State)
	Hour a.m. While at work	Not While at work	y, street, office bldg., etc.)		
П			10 66	to 1-31-66, 19	that (1) (m) last
н	21. I certify that (I) (this hospital) attended				
П	Gen the deceased anto chi		death occurred at 1	M, from the causes and on the	ATE SIGNED
-1	22a. SIGNATURE		ATTENDING MED.	STAFF - 1-	31-//
- 1				TOO DINE	
- 1	mores fer	M.D.	. PHYS. DIREC	TOR PHYS.	4/1 GG
1	22c. PHYSICIAN'S NAME (Type)	M.D.	PHYS. DIREC		«// GG
	22c. PHYSICIAN'S NAME (Type) Morris Perry	M.D.	PHYS. DIREC	Ovenue Silver	Spring, Md.
	NAME (Type) Morris Perry 232, BURIAL CREMATION, 236, DATE THEREOF	M.D.	PHYS. 2 DIREC 22d. ADDRESS 11602 Georgia		
	NAME (Type) Morris Perry 23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	PHYS. DIRECT 22d. ADDRESS 11602 Georgia OR CREMATORY 23	d. LOCATION (City, town or cou	inty) (State)
	NAME (Type) Morris Perry 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2-4-66	23c. NAME OF CEMETERY Arlinston Nat	PHYS. DIRECT 22d. ADDRESS 11602 Georgia OR CREMATORY 23	Venue, Silver	inty) (State)
	NAME (Type) Morris Perry 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 24. FUNERAL DIRECTOR 25. FUNERAL DIRECTOR 26. FUNERAL DIRECTOR 27. FUNERAL DIRECTOR 28. FUNERAL DIRECTOR 29. FUNERAL DIRECTOR 29	23c. NAME OF CEMETERY Arlin-ton Nat	PHYS. DIRECT 22d. ADDRESS 11602 Georgia OR CREMATORY 23	d. LOCATION (CHy, town or could lington. Virgin	(State) (State) S SIGNATURE

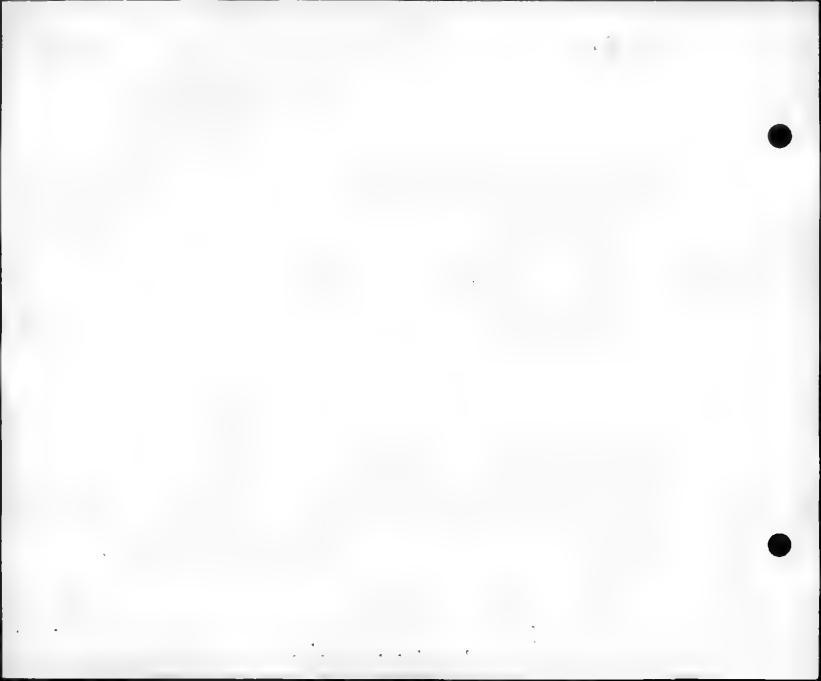
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		60951 CERTIFICATE O	F DEATH	00929
n by the funeral.s. Pages 1 and 2 a		maryland 1	USUAL RESIDENCE (Where deceased lived, if institut on, I a STATE b. COUNTY— A county— The county—	rog Liery _
by the furs. S. Pages 1 hours after	É	White RURAL and give nearest Rown) 8 hz- 15 min	ITY OR TOWN (If outside corporate limits write RJRAX o	- ,/
illed in paper hin 72	٠.	Lechardon Hospital 3	STREAM Steland Stace	e IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or pnn*) SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DA	Lost 4 DATE Month OF DEATH 12 31 .	Doy Year 19 66 UNDER 1 YEAR 1 IF UNDER 24 HRS
ind cam remave	-	Tomal Cru' WIDOWED DIVORCED 9		inths Doys Hours Min
the attending physician and campletely sit permit. Then please remave carban natian, ar remaval, and in any event, wi	dur	rng most of working life, even if retired) INDUSTRY	MOTHER'S MAIDEN NAME	COUNTRY? U.SA
ling phy Then remava	15.	Toba. Polkinghors WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	Laura E. Yost Address	
e attenc permit tian, ar	(Ye	as, no, or unknown) [If yes give war or dotes of service] 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))	es P. HARPER - Hus	band INTERVAL BETWEEN
_hysic≡n. signed by the burial-transit burial, cremat		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Prebro ras Cula DUE TO	v accident.	ONSES AND DEATH
		conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost (c)	s generalized	Yzars
al or attending icate has been far use as the Health prior ta	CATION	PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES \(\square\) NO \(\square\)
tig tip to	A CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	noture of injury in Port I or Port II of item 18.)	
I by the haspital After this certifical I be detached fa State Dept. af H	MEDICAL	Hour o.m. 19 While Not While of work of work	INJURY (Home, farm, reet, affice bldg., etc.)	(County) (State)
		21. I certify that (I) (this hospital) attended the deceased from <u>New</u> sow the deceased alive on <u>Jan 23</u> 1966, and that dec	ath accurred at/O'P M, from causes ond	, 19 <u>60</u> , that (I) (we) last on the date stated above 22b DATE SIGNED
Page ■ may be retained • FUNERAL DIRECTOR: A directar, page 3 shauld shauld be filed with the		22c. PHYSICIAN'S MD. F	ATTENDING MED. STAFF PHYS OIRECTOR PHYS. D	1/23/66
Fage I may be To FUNERAL DIRI director, page 3 shauld be filed >	230	NAME (Type) Altred 5 Norton 7.1. D. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMA	7710 Putylt Pv. B. tl. ATORY 23d LOCATION (City or Town)	(County) (State)
TO FUN Airect direct shaul		REMOVAL (Specify) Burisl 1-27-1966 Fort Lincoln ADDISS 30, Wisc		COS CO MA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical be executed within 24 haurs after death



TO NOSHIAN OR AVENDING PHYSICIAN The law reguless that the death mertificate be encursed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and convetely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after ceath. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

H-											1 6, 67 6	' L'
	1. PLACE OF DEAT a. COUNTY	Montgomer				2. USUAL RESIDE	NCE (Where	deceased li		,		
1		Maryland St. Mary's										
	b. CITY OR TOY Write RURAL	c. CITY OR TOWN (If outside	corporate	lmits, write	RURAL	and give ne	arest town)				
1	Beth	esda (Rural	L) [14 days		Hollywo	od				1:	- 5
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not in ho	spital, give street ad	dress)	d. STREET ADDRES	S				e. IS	RESIDENCE A FARM?
-		. Naval Hos				Route #					YES	No 🔀
I	3. NAME OF DECEASED		irst ori	Middle		Last HART	4. DA	TE Ath	Month	202.6	Day 24	Year 66
	(Type or print) 5. SEX			Ann			DE		Janua	-		19 66
ı		6. COLOR OR RACE				DATE OF BIRTH	061	9. AGE (in years in Mirthday)	onths [Days Ho	VDER 24 HRS. Urs Min.
	Female	Cauc.	WIDOWED	DIVORCED		Nov. 19, 1	_	1	угѕ.			
I	during most of work	FION (Give kind of work ing life, even if retire	done 100. KI	IDUSTRY		11. BIRTHPLACE (-			COL	IZEN OF W JNTRY?	
	13. FATHER'S NAM	NA				Patuxent	Rive	r, Md	•		1	J.S.A.
П						Norma						
-		B. Hart	ODOFOS : 16	COLL SECURITURE	1		Moore		8 4 4 - 2 2 2			
ı	(Yes, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates of	JRGES? 16.5 of service)	SOCIAL SECURITY NO.		INFORMANT	Dout	. 7 1	Address	II.o.	11,000	a Ma
Ļ		1			1	nn B. Hart	ROUG	د را ^ب	DOX ZO	, no.		
ı		DEATH [Enter only on	ie cause per Ili	ne for (a), (b), and (c).] aart	dicacca	tranci	on ed t d	on of		ONSET A	DETWEEN NO DEATH
1	PART I. D.	PART I. DEATH WAS CAUSED BY: Congenital heart disease, transposition of ONSET AND DEATH										
1	1 7	DUE TO										
1	Conditions, if		(b)									
1	gave rise to immediate cause (a), stating the DUE TO											
1	underlying cau	material and the second	(c)								140 144	Allzonav
	PARTII. OTHER	SIGNIFICANT CONDITI	ONSCONTRIBU	TING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	LDISEASEC	ONDITION	GIVEN IN PA	(RT1(a)	PER	FORMED?
											YES X	No 📑
		WAS UNDERLYING TING CAUSE OF DEATIFY MEDICAL EXAMI	TH 20b. D	ESCRIBE HOW INJUR	YOCCU	RRED. (Enter nature	of Injury Ir	Part I or	Part II of I	item 18.)		
1		INJURY Month, Day,	Year 20d. IN	JURY OCCURRED 20	e. PLA	CE OF INJURY (Home, ry, street, office bldg.,	farm, 20	. (City or	town)	(Соип	ity)	(State)
	Hour a.	m. m. 19	While at work	Not While at work	Tacto	1, strest, outes ning.	(610.)					
		fy that ∰ (this hos	pital) attende		m Je	n. 10	1966	to Jai	n. 24	. 19 6	6. that ((we) last
1	saw the de	ceased alive on	Jan. 24	19 66, an	d that	death occurred at	310 m	from the	causes ar	nd on the	e date sta	ted above.
1	22a. SIGNATU)						LLDI MY	TE OTOTTES	
Н		AIG	wil		M.D		MED. DIRECTOR	STA	rs. X	Jan.	25,	1966
4	22c. PHYSICI NAME (T	famu				22d. ADDRESS		TT 2 -	L 7 7	_ de la	_3_ 1	1.0
		J. I. L				U.S. N						
	23a. BURIAL, CREM REMOVAL (So Burial	MATION, 23b. DATE	7-1966	Westview	METERY		Rad	ford,	(City, tow		Virg	
	24. FUNERAL DIR		-	ADDRESS	~ =	25a. R			25b. REG	ISTRAR'S	SIGNATU	E
	Mattingl	y Funeral H	Home 13]	L 11th St.,	S.E.	MaAnd o	26 1	966	film	rued /	1	
- 1:				vnening con,	1/1				-			

VR AI5 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal femals any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirem that the Beath curtificate December within 14 hours after death. Page 4 may be retained by the hospital or attending physician.

IV.	IARYLAND STATE DEPARTMENT OI	HEALTH
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAND
00955	CERTIFICATE OF DEATH	1 00933

	1. PLACE OF DEATH 8. COUNTY MONTGOMERY MARYIAND	2. USUAL RESIDENCE (Where deceased lived, 11 Institution: Res	sidence before admission)						
ŀ	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	Dist of Col.	ind give nearest town)						
1	write RURAL and give nearest town) Kensington	Washington 4:							
ŀ			e. IS RESIDENCE						
,	d. NAME OF HOSPITAL OR INSTITUTION OF NO. 11 hospital size street address. Carroll Hall Sanitarium	6330 32nd St. N.W.	ON A FARM? YES NO TO						
ľ	3. NAME OF First Middle	Last 4. DATE Month	Day Year						
1	(Type or print) florence E. Ha	weath January 5							
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1	YEAR IF UNDER 24 HRS						
	Female White WIDOWED DIVORCED	1-10-1872 90 yrs.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	COL	IZEN OF WHAT JNTRY?						
	Housewife	Washington, D. C. U.	S.A.						
	13. FATHER'S NAME								
1	Thomas Ellis	Alice Virginia Wilson							
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Was	h.DC.						
ı	578-66-8836	Ross Harworth , 6339 32nd 9	t.N.W.						
ľ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH						
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure								
1	DUE TO	,							
-	Conditions, If any, which (b) Myc Cardin 13 chemn								
gave rise to immediate cause (a), stating the DUE TO									
-	underlying cause last. (c) Artinosciero ser, Cener-113ch								
-1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?						
	- ICA		YES NO X						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury in Part I or Part II of Item 18.)							
		ACE OF INJURY (Home, farm, 20f. (City or town) (Cour	ity) (State)						
1	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL fact work p.m. 19 at work at work	tory, street, office bldg., etc.)							
١	21. 1 certify that (I) (this hospital) attended the deceased from	1450 19 to 1/5 1966	6, that (I) (we) las						
П		at death occurred at M, from the causes and on th							
-1	22a. SIGNATURE	22b. DA	TE SIGNED						
1	Mrshmur	D. PHYS. DIRECTOR PHYS. 1/5	166						
П	22c PHYSICIAN'S	1 224 ADDRESS	1 0 1						
1	NAME (Type) S. A. Thomas mo.	4301 48 R St. N.W. ; WA	14 D. C.						
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or coun	nty) (State)						
	Burial 1-7-1966 Cedar Hill	Cemetery Sultland Ma							
	49 seph. Gawler's Sons. Inc.	253. REC'D BY REGISTRAY 255. REGISTRAM'S							
3	Joseph Gawler's Sons Winchingto	n. DC. DATEAN 10 1966 Mileonle	Judge						

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral after death. and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY com≡letely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside perporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If obtside corporate limits, write RURAL and give nearest town) 24 hours o. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street didress) d. STREET ADDRESS NO Y within NAME OF First Middle DATE Month Day Year Last DECEASED DF (Type or print) DEATH 196 executed 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNGER 24 HRS. echove DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Months Days Hours WICOWED TO DIVORCEO [10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? plyse Willia certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova ed by the attending parameter transit permit. Then the cremation, or remove 15/WAS DECEASED EVER IN U.S. ARMED FORCES? (Xes, no, or unknown) | (11 yes give war or dates of service) 16. SOCIAL SECURITY NO. INFORMANT 17. Address death CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit burial, cremat requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO Conditions, If any, which (b) Ruptured diverticulum, sigmoid colon and pee rise to immediate 計 localized peritonitis DUE TO (a), stating the as the underlying cause last. 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? curtificate CERTIFICATI the hospital or Siderocytic anemia NO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) hed f this detach MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After be p.m. at work at work retained the Cal 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 3 shoul and that death occurred at 2 M. from the causes and on the date stated above. saw the deceased elive on 228. SUGNATURE 22b. DATE SIGNED page ATTENDING PHYS. M.D. DIRECTOR HOSPITAL MERAL PHYSICIAN'S 22d **ADORESS** director, p should be 1 NAME (Type) e5 Page BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. REMOVAL (Specify) 0 Mary's Cemetery Alexandria, Virginia Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending onysic an and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events within 72 hours after death.

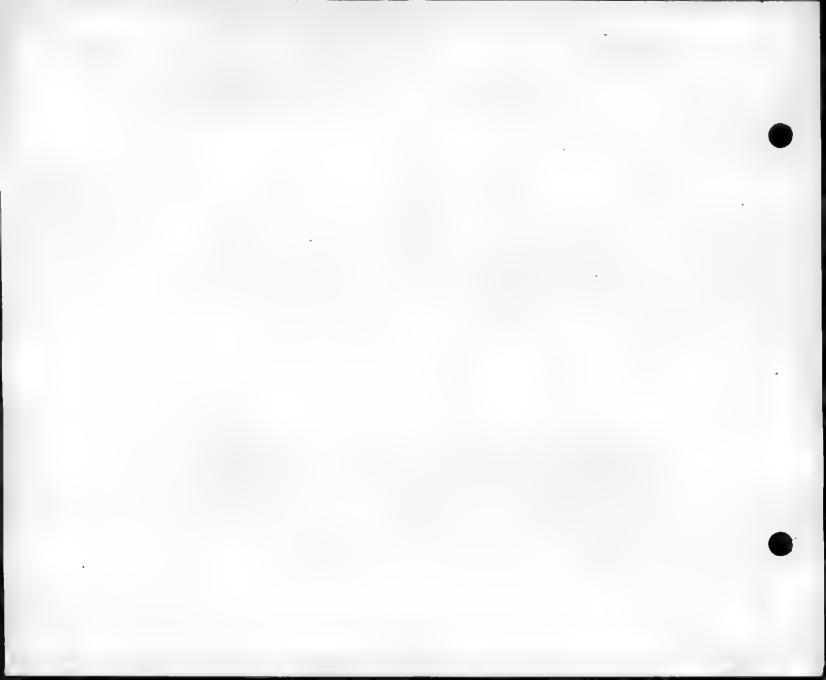
TO COSTITAL OF ATTENDING PRYSHIN: The law requires that the deals cartificate executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		00957 CERTIFICATE OF DEATH	C35
	1.	PLACE OF DEATH a. COUNTY D. CITY OR TOWN (If outside corporate limits, O c. LENGTH OF STAY IN 1b) C. CITY OR TOWN (If outside corporate limits, write RURAL)	f .
		b. CITY OR TOWN (If outside corporate limits, or c. LENGTH OF STAY IN 1b THE RURAL and give nearest town) A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
		Suburban Hospital Sugarland Rd-	ON A FARM?
	3.	NAME OF PIRST Middle Last 4. DATE Month OF DECEASED (Type or print) Baby Bay Heaton DEATH Sonwary	Day Year 5 19 66
	,	male white widowed Divorced Von 5, 1966 yrs.	Days Hours Min.
	10a dur	1. USUAL OCCUPATION (Give kind of work done in retired) 10b. KINO OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CI CO TO THE COUNTRY TO THE	TIZEN OF WHAT DUNTRY?
	13.	Heaton Huy Lester Burresa Detores C	amm
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service)	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prema Leville	INTERVAL BETWEEN ONSET AND DEATH
		776 X DUE TO Conditions, If any, which I am I Ale 30 14 in 20 who	
		gave rise to immediate cause (a), stating the underlying cause last.	
4	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	, ,	20a. ACCIDENT WAS UNDERLYING 7 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER))
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) P.m. 19 at work at work 19	inty) (State)
		saw the deceased alive on 1/5 1966, and that death occurred at 30 M, from the causes and on the	
		Paul M. Holar M.D. ATTENDING MED. STAFF PHYS. []	ATE SIGNED
		(22c. PHYSICIAN'S NAME (Type) 44 ROLD M. HODART 5402 Como, acc. Wa	17.5
	23a	REMOVAL (Specify) 1/6/66 SuBurban Hospital Betherda-Mon	Homory- MD
19	24.	PRS. AMOLIA C. Contes in The Buban Harpital DATAN I 1 1966 prince rele	

VR A15 (4) 15M 4-64



1		MARYLAND STATE DEPARTMENT OF HEALTH
1	en San	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
707	2	00958 CERTIFICATE OF DEATH OK & by Coroner
s after funeral	W /	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Winstitution, Residence before admission)
. 2 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	i	e. COUNTY, MARYLAND MARYLAND
hod hod hod hod		b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)
24 1 a b		Write RURAL end give neerest town) Kockville 15-1
aft aft	- 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
P P P P P P P P P P P P P P P P P P P	60	4805 Tallahasse Avenue 4805 Tallahasse YES NO
oletely fill apers. Pa		3. NAME OF First Middle Last 4 DATE Month Dey Year
mplet pape in 72	0	(Type or print) Edith Eleanor Hein DEATH January 2 1966
e o nog	1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and and carl	- TL	WIDOWED DIVORCED NOU 7, 1888 7748.
£ 7048 8	1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
東北京區社	14	doiners to too to to the
th gase in	3	13. FATHER'S MAME Ide Shert R. Carter Carrie Tubba
dez Ple and	2	15. WAS DECEASED EVER IN U.S., ARMED FORCES? '16 SOCIAL SECURITY NO. 17. INFORMANT
the atte Then val,	Q.	[Yes, no, or unknown] [Ifyesgivewarordatesofservice] 306=20-5060
that the the law in th	4	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),
Per re	12	ONSET AND DEATH
hys ned nit p	1	11/2 /
w rung p	8	Conditions, if any, which (b) Hypertensive Cardiavascular Disease 5 yrs.
e la ndii noeer rial-t	7	gara tian to thimodista catas
The affect that the state of th	1	(e), steffing the underlying DUE TO
HAN:	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED?
CC iffica e as f to	3	YES NO X
hos cert cert r us prio	2	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of Item 18.)
A 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	15	The state of the
Se	NO	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Hour e.m. While Not While factory, street, office bldg., etc.)
NON inaction detail	12	P.III. 17 L.I. L.I.
Hand and	1	21. I certify that (I) (this hospital) attended the deceased from
SE S	U	saw the deceased alive on
DIRE S shoul		226. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED
The same of the sa		M.D. PHYS. DIRECTOR PHYS.
HOSPITAL oth. Page 4 FUNERAL sctor, page filed with t		NAME (Type) John C. K. Yu 4912 Fldrian St. Rockville, md.
floor,		230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Ogoga Gire na H		REMOVAL (Specify) 1-5-66 "PERPARITY CORRETOR "PRICE OF STORY IN
VR A15 (4)		24 FUNERAL DIRECTOR'S SIGNATURE 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60		- or 5. " univery Cor. Survey oping in JAN 6 1966 Charles Judge



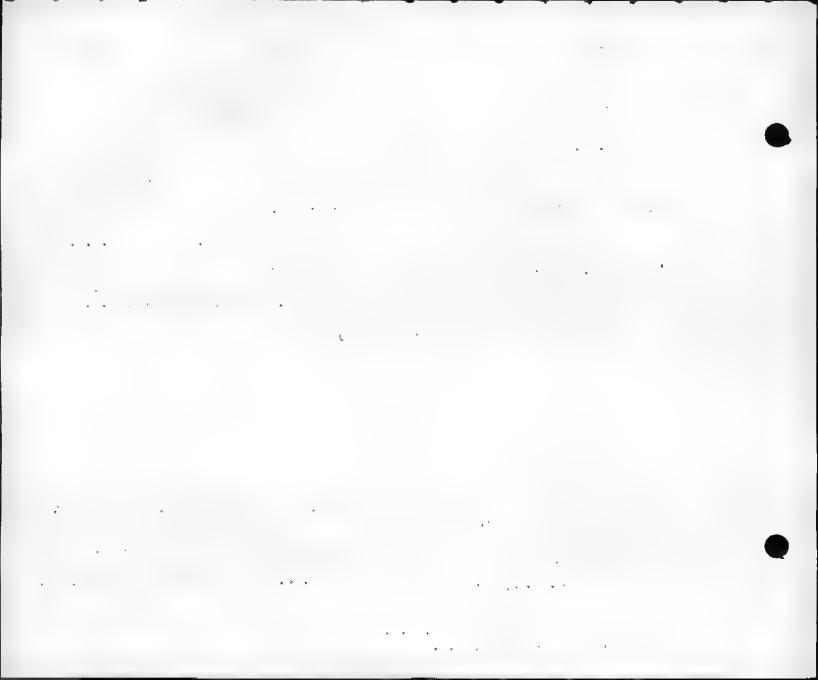
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. COUNTY a. STATE **b.** COUNTY MARYLAND c. CITY OR TOWN-HI-pursible corporate limits, write RURAL and give nearest (awn) b CITY/Q2-TOWN (If outside corporate limits, write C. LENGTH QE-STAY IN 16 -RUNAL and give nearest toyou should e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS ON A FARM? OR INSTITUTION rela 25 YES NO IR puo Ë NAME OF Middle 4. DATE Month Year Filled DECEASED OF endersho DEATH sago (Type or print) 9. AGE Un years IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE S. SEX 6. MARRIED NEVER MARRIED B. DATE OF BIRTH completely lost bighday) Months Days Hours DIVORCED WIDOWED [papers. USUAL DCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY STRIHPLACE (State or fareign tauntry) 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) lander puo 13. FATHERISTNAME 14. MOTHERS MAIDEN NAME the death certificate be physician 15 WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17 INFORMANT Address attending please INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse perdine for (q), (b), and (c). ONSET, AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** Canditions, if any, which (b) gave rise to immediate DUE TO couse (a), stating the underlying couse lost WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/JELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IO PERFORMED? hos Unerun YES NO I 20b DESCRIBE HOW INJURY OCCURRED_(Enter noture of injury in Port I or Port II of ifem 18 200. ACCIDENT WAS UNDERLYING DI OR CONTRIBUTING DI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF JOHNORY (Home, form, 20f. (City or town) (State) Days Year 20d. INJURY OCCURRED (County) factory, street, office bldg , etc) Not while Hour o. m. While at work of wark p. m. 21 I certify that (I) (this haspital) attended the deceased fram. that (1) (we) last and that death accurred 69-30 saw the deceased alive an M. from the causes and an the date stated above FUNERAL DIRECTOR: oge 3 should be detocl 220 SIGNATURE ATTENDING PHYS. MED.
DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Slote BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) abod he 2 TUNERAL DIRECTOR'S SECNATURE 25b, REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

2DM 1/65



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then the cap prove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 hours after death.

) MOSTITAL BRATTINGING MYSELING THE law requires that the districted be executed within 24 flour lifer leath. Page 4 may be retained by the hospital or attending physician.

	DIVISIO	N OF STATIS					PARTMENT (, 301 W. PRES				RE 1. N	IARYI	AND	
D _{1/}	ากาจร	*			CERTIF					,	,	0.0	03	()
1.	PLACE OF BEAT	iery			MAR	YLAND	2. USUAL RESID	,	here dece	b. COUN				idailssion)
	b. CITY OR TOW Write RURAL	VN (If outside corp and give nearest	orate Ilmi town)	its,	c. LENGTH CF ST	AY IN 1b	c. CITY OR TOWN	(If outs)	de corpo	orate Ilmits, wr	ite RURAL	end gh	е пеаге	st town)
_	d. NAME OF HO	Spring Spital or institu	ITION (If i	not in ho	6 yrs	address)	Silver d STREET ADDRE	Spri	ng_			1	S RE	SIDENCE
		ilden Road			opitoi Bito oti oot		9307 Wa	lden	Roa	d		,		FARM?
3.	NAME DF DECEASED		First		Middle		Last	4.	DATE	Mont	1	Day		ar
_	(Type or print)		Coy		Mille		Hickman		DEATH	Janua		8		66
-	sex Male	6. COLOR OR RA	7. 017	ARRIED [DOWED [X NEVER MARRI DIVORO		B. DATE OF BIRTH Nov 18, 18	77		AGE (In years last birthday)	Months	1 YEAR Days	Hours	
10a	IN USUAL OCCUPATION MOST OF WORK	TION (G)ve kind of w	ork done	10b. KII	ND OF BUSINESS O	OR .	11, BIRTHPLACE	(County	& State, e) 12. C	TIZEN	OF WHA	T
Re	etired pr	coduce men			17 1	oyed	Virginia						SA	
13.	FATHER'S NAM						14. MOTHER'S M	AIDEN N.	AME					
	Villiam k						Mary Kal	<i>b</i>						
(Ye	is, no, or unkown)	EVER IN U.S. ARME (If yes give war or da	D FORGES? tes of servic	e)	OCIAL SECURITY		INFORMANT		_	Addres	37 Wa	Lden	Ro	ad
	No	None			77-10-6464		Virginia	15.	Catl	ett Sil	ver S	O. A. L.	15 -	Id
		DEATH [Enter only		ie per lin	e for (a), (b), and	(c).1	do .						et and	DEATH
	4201	IMMEDIATE CAL		Jh	now 14	yus	coron	CON	7-			1	Tu	
	Conditions, If	_	UE TO						1					
	gave rise to	Immediate ((b) OUE TO		4									
	cause (a), s underlying caus	raring rue (.	(c)	an	Terios	clev	ous					13	14/	7.
CATION	PART II. OTHER	SIGNIFICANTCOND	ITIONS CO	NTRIBUT	ING TO DEATH BUT	NOT RELA	TED TO THE TERMINA	AL DISEA:	SECOND	ITION GIVEN IN	PART 1(a)	19. YE	PERFO	UTOPSY RMED? NO TX
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING () CAUSE OF I TIFY MEDICAL EXA	DEATH (MINER)	20b. DI	ESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature	of Injur	y in Par	t I or Part II o	f item 18.		<u> </u>	<u></u>
MEDICAL	Hour a.	**		While	Not While		CE OF INJURY (Home ry, street, office bldg		20f. (C	ity or town)	(Cou	inty)	1	(State)
Z.	p.	m.	19	at work	at work									

that death occurred at 12,35 M,

ADDRESS

25b.

21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive 22a. SIGNATURE

ATTENDING PHYS. M.D. 22d.

MED. DIRECTOR

to.

DATE SIGNED 22b.

REGISTRAR'S SIGNATURE

from the causes and on the date stated above.

PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) Surial 23a.

23b. DATE THEREOF

on

NAME OF CEMETERY OR CREMATORY

(City,

town or county) (State)

24.

22c.

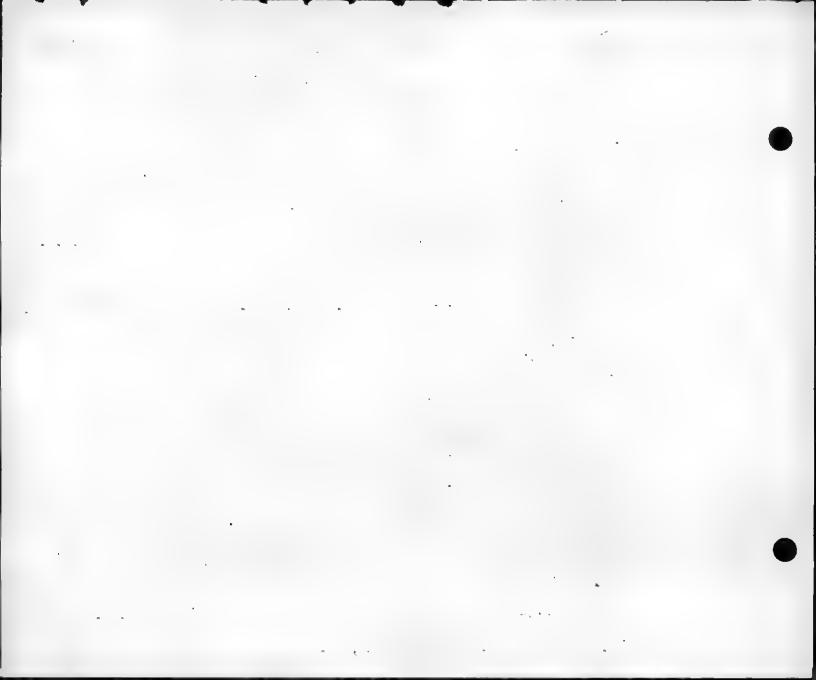
1-10-66 FUNERAL DIRECTOR

ADDRESS Georgia

REC'D BY REGISTRAR 00 DATE

VR AIS (4) 2DM 1/65

D BOSFITAL BR ATTENDING



IS RESIDENCE ON A FARM?

F UNDER 24 HRS

YEAR

(County)

Mont.

REGISTRAR'S SIGNATURE

(Stote)

Md.

Month

JAN.

NO A

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00962 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) COUNTY P.M.3. Poge e State Department of 72 hours after death. IMERL death. MARY, AND deloy and 3 Wh (If outside disporate limits, LENGTH OF STAY IN 16 OR JOWN (Flours de corporate limits, write RURAL and give nearest towns Koc Kuille a NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS farm pencil in Item 18. Give Pages 1, Kockeille This certificate should be executed within 24 https after death along with NAME OF 4. DATE DECEASED OF the within (Type or pant) DEATH S SEX 6. CO.OR QR RACE 9. AGE (In years 7 MARRIED DATE OF BIRTH white. WIDOWED 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working I feyeven at retired) INDUSTRY Trans. Maryland Cal durin word "pending" in pencil in the Chief Medicol Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM 17 INFORMANT 16 SOCIAL SECURITY NO (Yes no or unknown) (If yes give wor or dotes of service) removal. Wite. Unknown CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY:

John G. Ball

Jan 25, 1966

23b DATE THEREOF

IF UNDER lost birthdoy) 12 CITIZEN OF WHAT COUNTRY? USA IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse 19 WAS ALTOPSY PERFORMED? PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in any in Port or Port L of Item 1B.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg , etc.) of work 21. I certify that I taak charge of the remains described above, held on Autapsy Inspection X Inquery [X]. and in my opinion Suicide 🔲 Natural causes X death resulted from: Accident . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER

23c NAME OF CEMETERY OR CREMATORY

Mt. Carmel

ADDRESS

Laytonsville, Md.

Address (Street, city, town, or county

250. REC'D BY REG STRAR

23d LOCATION (City or Town)

Sunshine

Heolth or its designoted ogent, prior the funeral director. moy be re FUNERAL (50.0 VR A15ME (5) 6M 1/66

EXAMINER'S

NAME (Type)

230 BURIAL, CREMAT ON

24 FUNERAL DIRECTOR

Francis H. Barber

the certificate, writing the word 4 should be forworded to the Cl

STAL EXAMINER:

O DEPUTY

cremation,

burial, a

0

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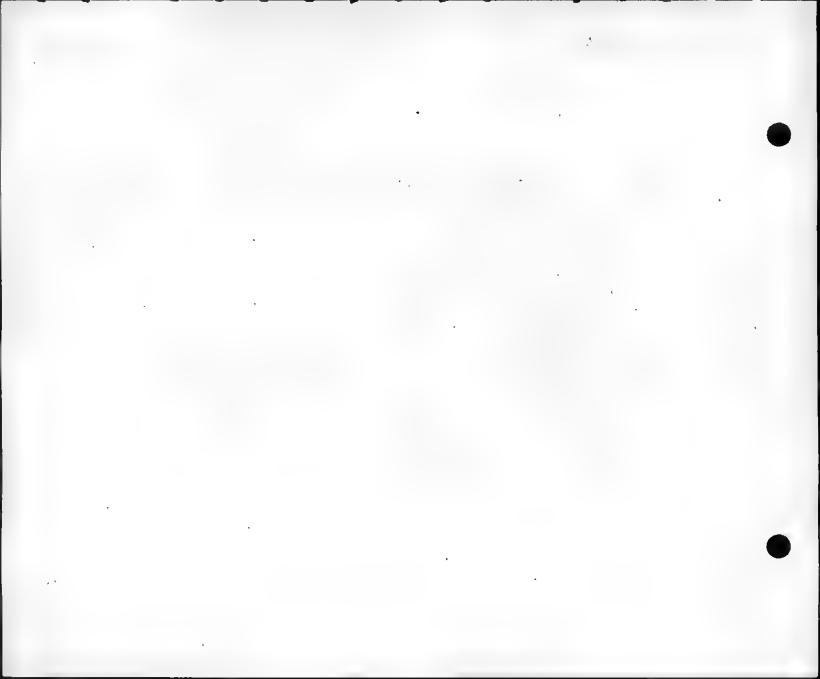
3 should



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then lease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

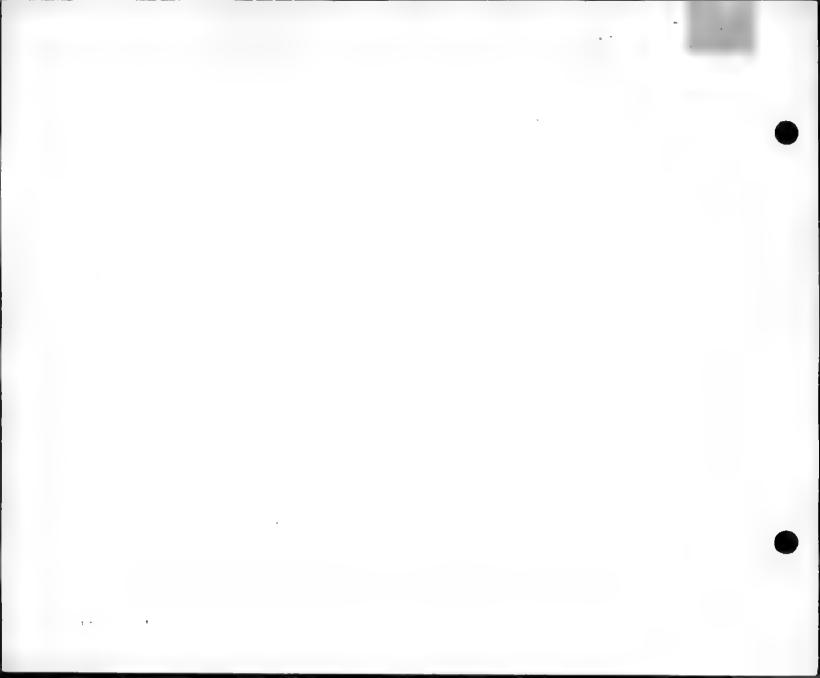
	OCOCO OFKILLIONI	r or prain	八分分子
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)
	MONTGOMERY MARYLAND	a. STATE b. COUNTY	2-14-2
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give dearest town)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	T-11	
	AKOMA PARK 17 days	LAKOMA PARK 1	- / PEOLOGNOS
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	NASh. SAN. + HOSP.	8011 F-LOWER AV.	YES NO NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) MARY AMELIA	HILGERS DEATH	23 1966
5.		8. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
	Fe White WIDOWED ON ONORCED	1 last birthday) Months	Days Hours Min.
10a	2. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. C	TIZEN OF WHAT
dur	ring most of working life, even if retired) INDUSTRY	CC	DUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	45.4.
10.	1 Allien o Home	14. MOTHER'S MAIDEN NAME	
-	GUSTAVE TINNER	PAULINE RELLER	
15. (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. es, no, or unknown) (If yes give war or dutes of service)	INFORMANT Address	
	NO	HOSPITAL RECORDS.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
_	PART I. DEATH WAS CAUSED BY:	east failur	Since 16-66
-1	IMMEDIATE CAUSE (a)	cari yeuwe	./
-1	Conditions, If any, which \ DUE TO The terring from	No. T Dec	Known arrec
	gave rise to immediate	174111 Process	Dan 6, 1966
	cause (a), stating the OUE TO	E. · · · · ·	Unknown
z	underlying cause last. (c) Think byed cu	Williones.	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2			YES NO
<u> </u>	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCU	JRRED, (Enter nature of Injury in Part I or Part II of Item 18.)
5	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
Y.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL	Willie Not while	ry, street, office bldg., etc.)	
Ξ	p.m. 19 at work at work		,
H	21. I certify that (4) (this hospital) attended the deceased from 4	an 6, 1966, to gan 23, 196	
		t death occurred at IPM, from the causes and on the	he date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
- 1	Claren H. Carun M.	D. PHYS. DIRECTOR PHYS. L. JECCH	uary 24 1966.
ļ	22c. PHYSICIAN'S NAME (Type) AARUN H. TRAUM	22d. ADDRESS	1. \ \
		8237 Georgia Clas - Selver &	Mire Grayford
23a	BURIAL CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERS	OR CREMATORY 230 LOCATION (City, town or cou	inty) 5/ (State) 21
	KEMUVAL (Specify) FULL 25-196/2 St Jeucstu	Me Newskurs Ka	P. Ren. TH
24.		25a. REC'D BY REGISTRAR 25b. REGISTRAR	
	Harmen Waters	DATE AN 254 168	o judge
	000000	DATE TO THE PARTY OF THE PARTY	U V

VR A|5 (4) 20M 1/65



Items 18&21 Film G375 4/4/MARYDAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00964 MEDICAL EXAMINER'S, CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) o COUNTY P.M.3. Page death and 3 ta MARYLAND delay Department CLENGTH OF STAY N 16 limits, write RURA, and give nearest town) after not in hispital, give street address) d STREET ADDRESS e IS RESIDENC 18 Give Pages 1, 2 along with farm hours ON A FARM? d te after death 3 NAME OF DATE Middle 77 ✡ DECEASED OF DEATH the ESLIE within (Type or print) 7 MARRIED S SEX AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH birthdoy) Months Hours m WIDOWED DIVORCED event hours pages land2 100 USUAL OCCUPATION (Give king of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ony MASSACHU 13. FATHER'S NAME This certificate should be executed within pend Ξ ward "pending" in pen the Chief Medical Exami Ele gud 16. SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) remayal, 457-01-6836 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Massive hemorrhage during pneumonectomy lo l IMMEDIATE CAUSE (o) the certificate, writing the ward 4 shauld be farwarded to the Cl crematian, DHE TO Conditions, if ony, which gove for Bronchogenic carcinoma, left lung. rise to immediate couse (a). DUE TO stoting the underlying couse used as burial, c last 19. WAS AUTOPSY PART II OTHER'S GNIFICANT COMD TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NÖ ar its designated agent, priar to 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING O MEDICAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om factory, street, office bldg, etc.) While Not While FUNERAL DIRECTOR: Page of work L of work please execute 21. I certify that I took charge of the remains described above, held an Autapsy inspection ond in my opinion the funeral director. Natural causes X death resulted from DE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE TO DEPUTY may be **EXAMINER'S** NAME (Type) /3 Health 230 BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 50 TREMOVAL (Specify) Rockville, Montg., Maryland 1/19/66 Burial Ground County 1349 DRESROCK ville Pike Rock ville, Maryland 250. REC'D BY REGISTRAR 25b.

VR A15ME (5) 6M 1/66



Page 4 may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1_end-2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in any event, within 72 hours after death. TO MESTITAL WE WITH THE HIND THE TAR THE IAM FREE THE IAM THE CONTINUES OF THE CONTINUES AND THE Page 4 may be retained by the hospital or attending physician.

MADVIAND STATE DEPARTMENT OF HEALTH

	MANUELLE OF LEGICAL OF THE SELECTION OF	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
00985	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	00543

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
	1 1 2	B. STATE MANY Could b. COUNTY To	, at ant
	b. CITY OR TOWN (If outside corporate Jimits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town		blig Pito tioning tours
	Kan 1 - 7 12 - 1 / 7 /20 - ho	L' Tury Ullie	1 ,
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Kersister Genters Mic Coment	3765 - Williams Kone	DN A FARM? YES ND
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
	DECEASED (Type or print) ARTHER REPORTS	17, 1 ON DEATH SELL M	6 1966
5.	SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	
	Male WIDDWED DIVERCED	March 5,100/ 84 yrs. 10	Days Hours Min.
1Da	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS DR		TIZEN OF WHAT
dur	ing most of, working life, eyen if retired) iNDUSTRY /	CO	UNTRY?
	Futoral Kinemiel Clark	Nova Scotia	/- >
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	George HILTON.	Lucinda (el/4	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT WITE Address Same	e as
(10	No (If yes gire war or dates of service) Unknown Mr	s. Blanche C. Hilton	Item 2.
Ī	18. CAUSE OF DEATH [Enter only one cause per lige for (a), (b), and (c).]	1/	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	He Morshay	ONSET AND DEATH
	33/X DIJE TO	721011	1 have
П	DOE TO		
	Conditions, if any, which (b)		
	gave rise to immediate cause (a), stating the DUE TO		
	underlying cause last, (c)		
중	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
Ē		1 2	PERFORMED?
읪		erusio Generalli, (1)	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HDW INJURY DCCU OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Indury in Part I or Part I of Item 18.)
- 2	1,300	CE DF INJURY (Home, farm, 2Df. (City or town) (Cou	nty) (State)
MEDICAL	facto	ry, street, office bidg., atc.)	iii)) (State)
핗	p.m. 19 while at work at work	() ()	,
_	21. I certify that (I) (this hospital) attended the deceased from	chile, 1963, to kine on, 1961	, that (i) (we) last
	saw the deceased alive on thinks in a 1916 to, and that	t death occurred at 🗢 🏸 M, from the causes and on th	ie date stated above.
ı	22a. SIGNATURE	22b. D/	ATE SIGNED
	James Wittell M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	1 : 24 1
l	JAMES 1/1 /4 FIVE	1 7/0 Cage indil	4
2За.	BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
Bı	rial 1-10-66 Rock Creek	Cemetery Washington, D.	G.
	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	SSIGNATURE
I	ROBERT A. PUMPHREY Bethesda, Mar	ryland JAN 10 1956 Leoners	Judge

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1 and 2 death hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) h. COUNTY Montgomery Marvland ve carbon papers. Pages 1 event, within 72 hours after completely filled in by the MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Bethesda d. NAME OF HUSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Glenwood Road 5519 Glenwood Road 5519 executed within DATE Month NAME OF Middle DECEASED DEATH (Type or print) Hitchcock Carrie Lens 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED гешоче NEVER MARRIED nit. Then please remover or removal, and in any 20, 1883 May Female Cauc. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY

Own Home 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician Toronto, Canada Housewife OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then Rebecca Gault attending Frederik William Daum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. / 17. INFORMANT O FUNERAL DIRECTOR: After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r (Yes, no, or unkown) ((If yes give war or dates of service) Ruth Hitchcock, Same No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO RTERIOSCLEROSIS Conditions, if eny, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this heepital) attended the deceased from FE 195/ saw the deceased alive on_D SIGNATURE 223. MED. DIRECTOR ATTENDING Page 4 may b M.D. ADDRESS HYSICIANIS 22c. NAME (Type) Robert Angle Ray Ave.

Year 66 Jan 19 AGE (in years | IF UNDER 1 YEAR | I | Months | Days Hours 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) Addrass item #2 23 INTERVAL BETWEEN ONSET AND DEATH 10 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO Z DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (County) (State) 20f. (City or town) and that death occurred at Aug. M, from the causes and on the date stated above. DATE SIGNED Bethesda. Md. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) DATE THEREOF BURIAL, CREMATION, 23b. 4 66 Parklawn Cemetery Rec'd BY REGISTRAR | 256. RI ADDRESS FUNERAL DIRECTOR Sons, 5130 Wis. Ave. WashmarlA

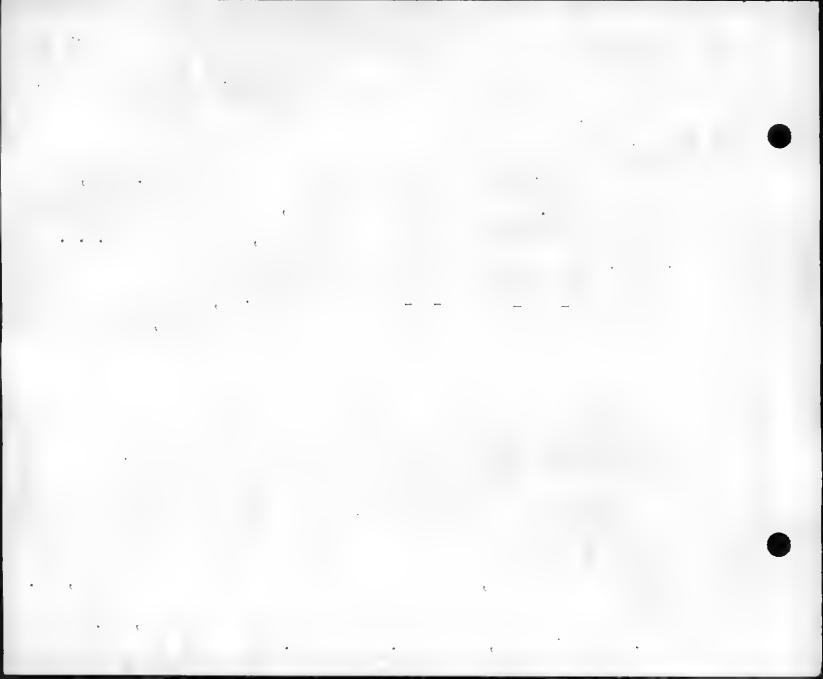
Montgomery

e. IS RESIDENCE

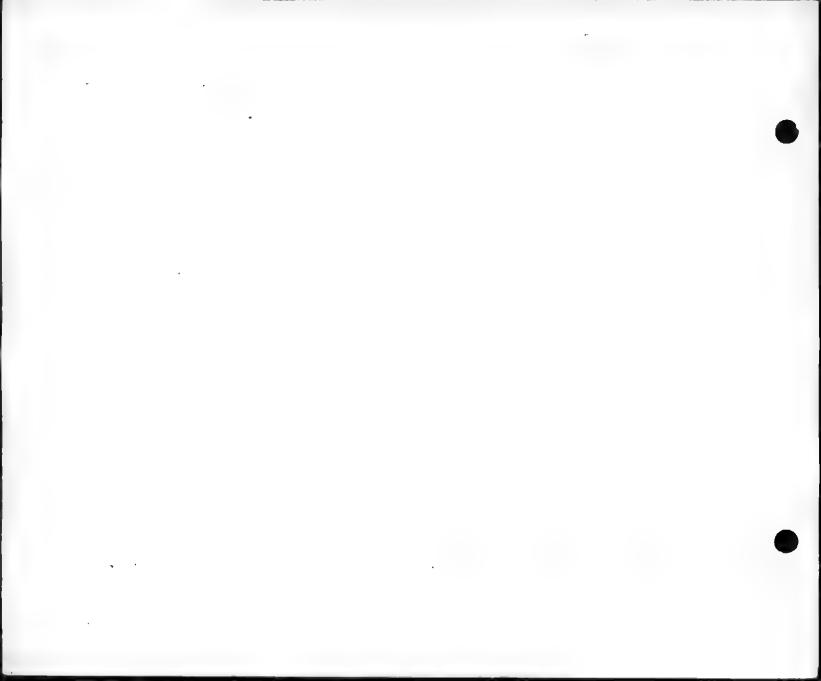
ON A FARM?

КОКои

VR A15 (4) 15M 4-64



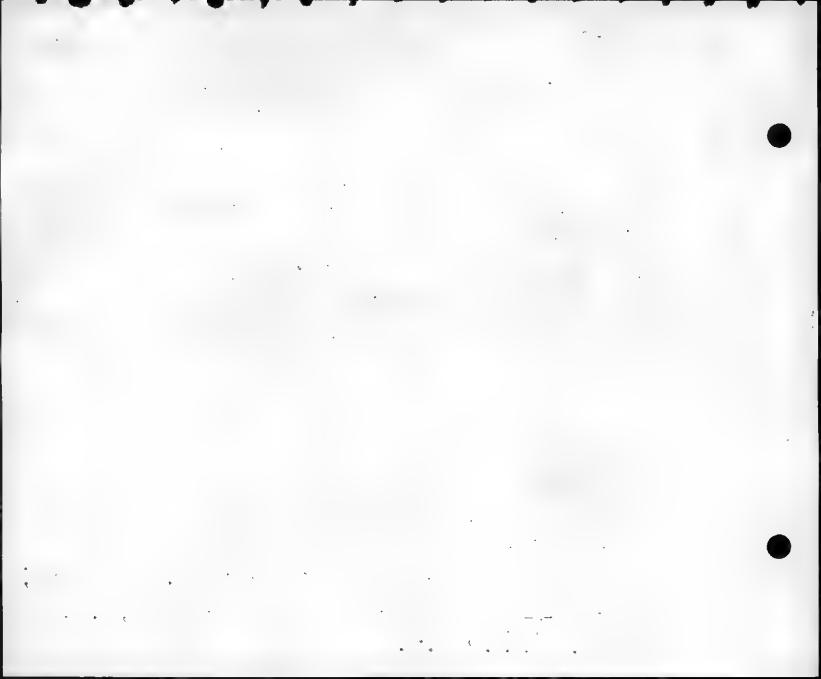
1	Items 18&21 Film G373 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201
FOR STATE	00967 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00345
HEALTH DEPT\	o. COUNTY Montgomery MARYLAND 2 USUAL RESIDENCE (Where deceased I	ned if institut on Residence before admiss on)
umy delay is , 2, and 3 to n PM3 Page eportment of s after death.	b CTY OR TOWN (floutside corporate limits, cleNGTH OF STAY IN 1b c CTY OR TOWN (floutside corporate limits, write RURA, and give negrest town)	mits write RURAL and give nearest town)
2, an PM3 PM3 after	Kensing tan 19e2r Kensing to d. NAME OF HOSPITA. OR INSTITUTION (if not in hospital, give street oddress) d STREET ADDRESS	o IS RESIDENCE
form form	4007 Plyers Mill Rd - 4007 Plyers	Mill- Rd ON A FARM? YES NO NO
202年 222	NAME OF DECEASED (Type or print) Clarence. Edgar Hodge. DEATH	Jen. 22 1966
40 -	SEX 6 COLOR OR RACE 7 MARRIED 18 NEVER MARRIED 18 DATE OF BIRTH 19 19 AC 10 10 10 10 10 10 10 10 10 10 10 10 10	SE (n yeors IF UNDER 1 YEAR IF UNDER 24 HRS IF UNDER 24 HRS Min Months Doys Hours Min
1.24 haurs I in Item 18 et.s Office get any event	o USUA, OCCUPATION (Give kind of work done iring most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country industry) Mory/and.	Y) 12 CITIZEN OF WHAT COUNTRY?
s certificate should be executed within 24 hase, writing the ward "pending" in pencil in lien farworded to the Chief Medical Examiners Offers used as a burial-transit permit. File pages Landarial, cremation, ar removal, and in any even	John Hodge Blanche H	lopkins
executed in adding in Medical Experimit. Firemoval, ar	s WAS DECEASED EVER IN U.S. ARMED FORCES? Tes, no. of Linknown) (If yes give was of dates of service) 16 SOC A. SECURITY NO Trobey Hodge (with	(e) Krince Frederick Mo
certificate shauld be executed writing the ward "pending" in arwarded to the Chief Medical Eused as a burial-transit permit. Eburial, cremation, ar removal, a	18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (r)	s of liver ONSTAND CEATH
e shauld be the ward "per ta the Chief burial-transit	Conditions, if only which gove) (b) Acute and chronic alcoholism	Years
This certificate should tate, writing the ward be farwarded to the Chebe used as a burial-tract to burial, cremation.	rise to immediate couse (o), storing the underlying couse (c) DUE TO	10015
certifi , writin arward used a burial,	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
Thirdifficat difficat di be old be ion to	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	of item 18)
MIN the 4 sh ur fill e 3 sent gent	CROSE OF DEATH	ity or town) (County) (State)
X 5 5 5 6 9	21. I certify that I took charge of the remains described above, held an Autapsy X, Inspection	💢, Inquiry 🔯, and In my opinian
	death resulted fram: Natural causes 🔼, Accident 🔲, Suicide 🔲, Hamicide 🔲, Unde	termined manner
	ACTUAL SIGNATURE SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER SIGNATURE	22. DATE SIGNED
P or Special	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER Address (Street, city, town, or or	
TO DEPUTY necessary, the funeral 5 may be a TO FUNERAL Health or if	TO BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATI	ON (City or Town) (County) (Store)
VR ATSME (5)	JUNEBAL DIRECTOR 250 REC D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
6M 1/66	Cobert T. Snowden Cockrelle My DATEF _B 1 1	366 for - reng Judge



executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Them please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he Page 4 may be retained by the hospital or attending physician.

1		MARYLAND STATE DEPAR DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301			INCORE 4 MA	DIVI AND	
6	-	CERTIFICATE O	IMUKE I, MAI	2389			
1	1.	1. PLACE OF DEATH	USUAL RESIDENCE a. STATE	(Where deceased lived,	If institution: Resid	lence before ad	mission)
tor.	- April -	MARYLAND MARYLAND	VITAI	カップ. utside corporate limi	ts, write RURAL an	d give neares	t town)
	1	Takoma Park	ringto	h			DENIE -
,	1 5	1.1 m. 1. + Q. +	837 UI	pland.		e. IS RESI	ARM?
	3.			4. DATE	Month	Day Yea	
	5.	(Type or print) [13 plac th	98	DEATH		<u> 19 6</u>	
	5.	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA WIDOWED DIVORCED 8.	TE DF BIRTH デ	7 Q m lact birth	111011111111111111111111111111111111111		Min.
	1Da dur		BIRTHPLACE (Cour	nty & State, or foreign o	country) 12. CITIZ	EN OF WHAT	
	13.	MCUSE WIFE 13. FATHER'S NAME 14.	MOTHER'S MAIDEN	N NAME		15.A.	
		Phillip B. Hiden	elul. (too	1			
	15 (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFOR			Address		
	_	118 CALLET DE BEATH FENDER AREA DAMES OF THE SECTION OF THE SECTIO	Ital Kee	ands		NYEDUAL DEV	nucchi
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 rear	ren]	NTERVAL BET ONSET AND D	EATH
		1530 DHE TO				-	
		Conditions, If any, which are rise to immediate (b)	4.01		7.	5-07	in
		cause (a), stating the DUE TO underlying cause last. (c)					
	CERTIFICATION	PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DIS	SEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AU	
gar.	/JIII	2Da. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURRED.	(Entre potum of h	where In Bart I or Bar	t II of Hom 19 \	YES 🗍	NO 🗌
			(Enter nature of in	njury in Part i or Pai	t II or item 18.)		
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF Hour a.m. While Not While factory, street 2Dm. Place of factory, street	INJURY (Home, farm set, office bldg., etc.	n, 2Df. (City or to	wn) (County) (5	tate)
	2	21. I Certify that (I) (this hospital) attended the deceased from 1/2	, 19	CE to 1 18	C 196	, that (I) (w	e) last
		saw the deceased alive on //29/ 1966, and that deat	h occurred at 5	M, from the ca	uses and on the	date stated	above.
		22a. SIGNATURE A A AL-h. M.D. AT	TENDING ME	ED. STAFF RECTOR PHYS.	22b. DATE	SIGNED	
		22c. PHYSICIAN'S	2d. ADDRESS	hing Dr.	Silver	Sprin.	d.
	23a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CI		23d. LOCATION (C	· · · · · · · · · · · · · · · · · · ·		
		Removal 2-3-1966 Rock Creek Cel		Washin	gton, D.	C.	
	24	Joseph Gawler's Sons Inc. DC.	DATE S	BY REGISTRAR 25	b. REGISTRAR'S S	IGNATURE	
	5	5130 Wisc. Ave.N.W. Wash.D.	DATE -	1000	1 1-8	1. whois	

VR AI5 (4) 2DM 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending brosscian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The characters remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVICIO	N OF CTATIOTICAL	MARYLAN	D STATE DE	PARTMENT OF	HEALTH	
	00969)			E OF DEATH	N STREET, BALTIMORE 1, M 	00946
1.	PLACE OF DEAT a. COUNTY Montgome			MARYLAND	2. USUAL RESIDENCE a. STATE Marylan	E (Where deceased lived, If institution: R b. COUNTY Prince	esidence before admission) Georges
		N (if outside corporate li and give nearest town)	mits, c. LEN	GTH OF STAY IN 1b		outside corporate limits, write RURAL	
m		spital or institution (lf not in hospital,	give street address)		Day 2	e. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	First Julie	Ly:	Middle	4709 Alle	entown Road 4. DATE Month OF DEATH January	Day Year
F	sex emale	White	MARRIED NET	VER MARRIED K	8. DATE OF BIRTH 18 December	9. AGE (In years IFUNDER last birthday) Months 4 yrs.	
	ing most of work Child FATHER'S NAM	TION (Give kind of work don ing life, even if retired)	None		Nebraska	U.	S.A.
	Robert G				Dolores	Pruyn	
15 (Ye	NO NO	EVER IN U.S. ARMED FORCE (If yes give war or dates of ser	vice) 16. SOCIAL:	1		edical Recordess enter, Bethesda 14,	Maryland_
		DEATH (Enter only one ca EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		,, ,-,, (-,-,-			INTERVAL BETWEEN ONSET AND DEATH 2 days
	Cenditions, If	DUE TO		postop		clotted blood	2 days
	gave rise to cause (a), si underlying caus	Immediate DUE TO	Occiusio	n or Prost	<u>hetic Mitral</u>	. Valve /	2 days
CERTIFICATION				DEATH BUT NOT REL		ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
CERTIF		WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER				injury in Part I or Part II of Item 18.)
MEDICAL	Hour a.r p.a	m. 19	While Not at work at	While facto	ACE OF INJURY (Home, far ory, street, office bldg., et	c.)	
	saw the de	y that 🗱 (this hospita ceased alive on 🗗 🚉) attended the leary 6	deceased from De 19.66, and tha	cember 13 , 19 t death occurred at 1	OM, from the causes and on the	that (K (we) last ne date stated above.
	22a. SIGNATUI 22c. PHYSICIA NAME (T)	las MUSe	Behrend	C. M.D.	22d. ADDRESSI'II	MED. STAFF X 6 Jan	
232	BURIAL, CREW	ATION, 23b. DATE THE	REOF 23c.	NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or cou	

Suitland Maryland

25a. REC'D BY REGISTRAR

1966

DATEAN

25b. REGISTRAR'S SIGNATURE

god ward of Judge

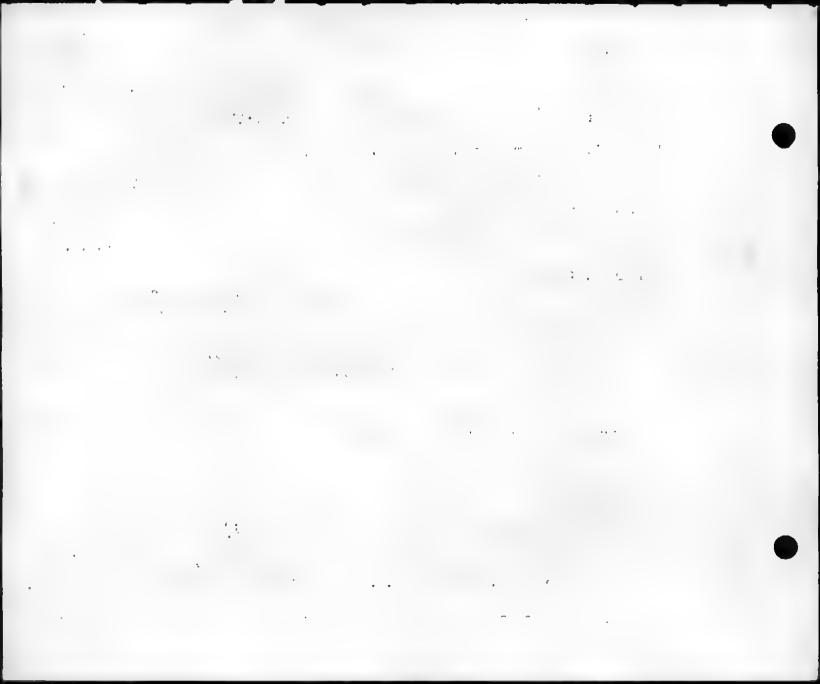
Suitland

Rd

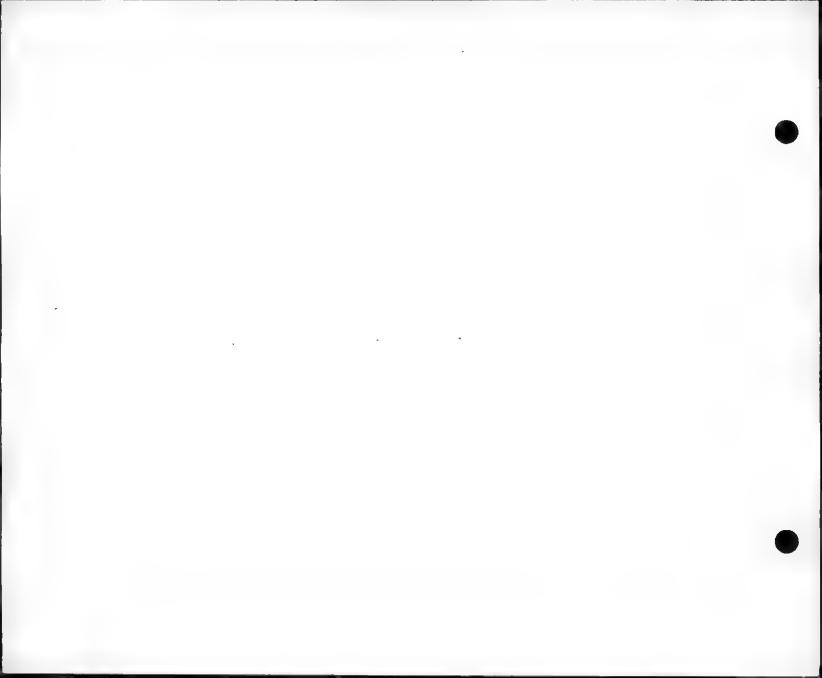
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VR AI5 (4) 20M 1/65

FUNERAL DIRECTOR lhelm Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00970 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERI PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Maryland b county Montgomery P.M.3. Page Charles at at MARYLAND Department b CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate mits, write RURAL and give negrest fawn) heaton, 36 hrs. Indianheed d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RES DENCE ON A FARM? d. STREET ADDRESS farm haurs 2507 Henderson Ave. Glymont Rd. Pages YES TO NO T ate 24 haurs after death 3. NAME OF First Middle DATE 3 Sti Last Manth Day Year DECEASED the Castelia Rosa Howell 19 66 within Type or print) DEATH S SEX 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH 7 MARR ED NEVER MARRIED last_birthday) Months Haurs White 1-20-1892 Female WIDOWED DIVORCED event puo 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY during mast of warking life, even if refired)
HOUSEVITE INDUSTRY Mar land Examiner be executed within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME _ Charles Joseph Brewer Virgin'a Campbell <u>F</u> and Addres Wheaton, Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT rd "pending" in Chief Medical F permit. (Yes, na, or unknown) ((If yes give war ar dates of service remayal. E. Hightman 2507 Henderson Av CAUSE OF DEATH (Enter only one cause per INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Б IMMEDIATE CAUSE (a) This certificate should ward crematian, DUE TO Canditions, if any, which gave forward to rise ta immediate cause (a). DUE TO O stating the underlying couse used as burial, c last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? CERTIFICATION NO pe 0 20a EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18.) plnods PRIMARY I or CONTRIBUTING I CAUSE OF DEATH or its designated agent, 20c. TIME OF INJURY Month, Day, Year 20d NJJRY OCCURRED 20e PLACE OF INJRY (Hame, farm (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg, etc.) While Not While may be retained for your FUNERAL DIRECTOR: Page at wark at wark 21. I certify that Litaak charge of the remains described above, held an Autopsy Inspection Inquiry X ond in my opinion the funeral director. death resulted from: Natural causes Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUNE Health NAME (Type) ar county) 23d LOGATION (C (State) 256 REGISTRAR S SIGNATURE FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR A15ME (5) 6M 1766



FOR STATE HEALTH DEPT

cessary, e funeral may be present with the Size Department if please execute the certificate wording the word "pending" in penci in item 18. Give Pages 1, 2, and 3, education. Page 4 should be tenuesed to the medical Exeminer's Office along with form Ply3. Type 5 The second of th

retained far see files. please execute VR AISME (8)

			MAR	YLAND STATE	DEF	PARTMENT OF HEALTH	
	Divis			ARCH AND RECO			
	00371		EDICAL	. EXAMINER	25 1	CERTIFICATE OF DEATH # 00948	
1.	AL COUNTY	H				2 USUAL RESIDENCE (Where deceased lived, If institution: Reproduction a. STATE b. COUNTY	ze
	Montgo	nery N (if outside corpora and give nearest to	ta limite	MARYLA		Maryland c. CITY OR TOWN (if gutside corporate limits, write RURAL and give nearest town)	
	Write RURAL	and give nearest too	vn)	DO. 6	14 10	SANGEN SELECTION OF THE PROPERTY OF THE PROPER	
-	d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not in h	ospilal, give street add	ress)	d. STREET ADDRESS 31.70 Pathland RA IS RESIDENCE	
		nery Genera	l Hospi	tal		ZÉDIX DINEY HENDIXX DE L'HEX RAXX YES NO T	
3 ~	NAME OF DECEASED (Type or print)	Richs	irst ird	Reginald	Hud	dson Last 4. DATE Month 16 19 66	
	SEX	6. COLOR OR RACE	7. MARRIED		K 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS	
	ale	White	MIDOMEO	DIVORCED		8/18/65 last birthday) Months Days Hours Min.	}
1Da dur	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	INO OF BUSINESS OR		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
	None			None		Maryland USA	
13.	George	A. Hudson				14. MÖTHER'S MAIDEN NAME Mary Anna Simmons	
15		EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	170	INFORMANT. Address	
(Ye	No. er unkown)	(If yes pire war or dates)		Vone		eorge Hudson, 3410 Fairland Rd, Beltsville	e
-	18. CAUSE OF	DEATH (Enter only or		Ine for (a), (b), and (c).	-	INTERVAL BETWEEN	
	PART I, DE	ATH WAS BAUSED BY	(8)	ento as	2/21	hysistion due to ONSET AND DEATH	
	7210	DUE	Ŧ0	, , ,	1	1 - +	
	Renditions, If	Immediate /	(b)	piral	10	n of gastric	
	eause (a), si underlying caus		10 CE	nteni	2		
	PART II. OTHER	IGNIFICANT CONDITI	UNECONTRIBE	TING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
100						YES NO NO	
	PRIMARY GT	gontaibuting =	200	OCCA SO	OCCU	MART. Center nature of injury in Part I or Part II of Ham 18.)	
	SOO. TIME OF	INJURY Month, Dey,	Year 20d.	NUURY DOCUMED 20	o. PLAC	CE OF INJURY (Home, farm, 201, (Olty or jown) (County) (digital)	
TE SHIPE	S 1010 11	1. 1 - 1/	66 While	THE PERSON NAMED IN COLUMN 1	fector	or injury (Home, farm. 201, (alty or jown) (aunity) y, atreet, office bidg., etc.) Level spring houle.	0
終	21. I cortify	Д	· · · · · · · · · · · · · · · · · · ·	ains described above	e, hel	d an Autopsy , inspection , inquiry , end w my opinion	
	death result	ed from: Natura	causes 🔲	Accident X.	Sul	cide, Homicide, Ondetermined menner	
	ACTUAL /	2. O.O.	K	Konh	n	CHIEF MEDICAL EXAMINER 22, DATE SIGNED	
	BIGNATURE.	Bellev		The state of the s	(M.O. ASSISTANT MEDICAL EXAMINER DEPUTY AND D	
	NAME (Type)	Belden Re	ap, M	D.		Address (Street, city, town, or county) ANO/6, 166	
934	BEMOVAL (BRE	ATION, 236, DATE	THEREOF	290. NAME OF CEN	AETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)	
HA	Burial Dine	1-19-6		Wert Ceme	tery	Huntingtown Maryland	
fin	arner E.	Pumphrey.	Que a Carl	3434 Georgi	α Αυ	Prine 014 2 1 1030	
-	WORK C.	, runjivicy		MANGE SPAN	KG.		



completely filled in by the funeral ve carbon papers. Pages 1-and-2 event, within 72 hours after death. dmath. ours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed mithin be retained by the Nospital or attending physician. attending physician and intit. Then please removed, and in apply or removal, and in apply

been ligned by the attend the burial-transit permit. or to burial, cremation, or r as the prior to TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health pric lage 4 may O HOSPITAL VR A15 (4) 15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY 1. 2. a. STATE b. COUNTY NTGOMER b MARYLAND N b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest rown) c, LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 30 KOMA 6. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? No X YES 3. DATE Dav Year NAME DE Month DECEASED OF DEATH (Type or print) OOKFR 1966 5. SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HR\$ NEVER MARRIED 7. MARRIED last birthday) Months | Davs Hours WIDDWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? 50 KRESS ROOM SUDFR NOSHINGTON (037. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jackson ELUA DOKER LLIAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) | (If yes give war or dates of service) Helen S UNOBTAIN ADIE INTERVAL BETWEEN ONSET AND DEATH CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES OT NO [208. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work a 25 19 6 E that (1) (we) last 196 21. I certify that (I) (this hospital) attended the deceased from GM, from the causes and on the date stated above. 25 1966 and that death occurred at. saw the deceased alive on SIGNATURE 22b. DATE SIGNED 22a. ATTENDING PHYS. STAFF PHYS. Sout MED. DIRECTOR M.D. 22c. PHYSICIAN'S ADDRESS NAME (Type) Boris Rabkin University BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) 1-29-66 Burra emeteru FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Georgia Tarner umphreu Silver Spring

MARYLAND STATE DEPARTMENT OF HEALTH



edificate be executed within 24 hours after death.

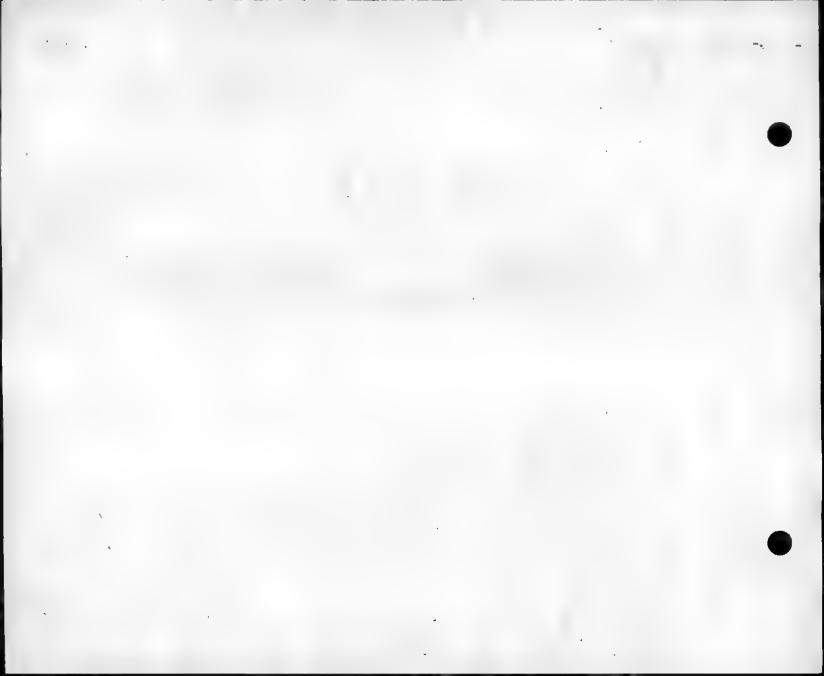
MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00973 CERTIFICATE OF DEATH 00950

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

ı	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Ri	esidence before admission)
ı	/ Way and a	a. STATE	NZa
١	b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b	c. CITY OB TOWN (If outside corporate limits, write RURAL	and give nearest town)
ı	write RURAL and give nearest town)	6 - 1/	,
ı	110CKYITE 24 nrs.	NOCKVILLE	/ - /
١	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ı	tolomac VALLEY NURSING Home	6902 II denwood LAN	P. YES NO E
ı	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
ı	(Type or print) Leux (Magdelene) J.	Arman DEATH LAN.	7 1966
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		1 YEAR IF UNDER 24 HRS
ı	WIDOWED OIVORCED	Dec. 25 1885 80 yrs.	Oays Hours Min.
١	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT
ı	Housewife #	MISSOURI	<i>U.S.</i>
ı	13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
ı	- William Moyer	No ELLEN LAMB	
ı	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT	
ı	483-10-6821	ELAINE MAUSER	
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY:	ardia / Infarction	ONSET AND DEATH
Į) MIMEDIATE ONOGE (II)	araia i regar ciroa	
1	4201 DUE TO		
	Conditions, If any, which gave rise to Immediate (b)		
	cause (a), stating the OUE TO		
	underlying cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
l	CAI		YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.	
Į	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY DCCU OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	· ·	
		CE OF INJURY (Home, farm, 20f., (City or town) (Cou	nty) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI factor 20d. Injury Occurred 20d. Inj	ry, street, office bldg., etc.)	(0000)
	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	1961, 19 to Jan 7, 196	6 that (I) (we) last
ì	saw the deceased alive on Jan. 6 19 66, and that	death occurred at 10.5 M, from the causes and on the	
	22a. SIGNATURE		ATE SIGNED
Ì	M.O	ATTENDING MED. STAFF DIRECTOR PHYS.	/66
	22c. PHYSICIAN'S	22d. ADDRESS	٨
	NAME (Type) Luciduo 1. Lea)	Gaithersburg Mo	<u> </u>
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
	Translat (Specify) 1/9/66	Riverton, Iowa	
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	S SIGNATURE
	Tream MARCOLOR - ROCKVILLO	Md NAN 12 1966 2000 20	I Juage

VR AI5 (4) 20M 1/65





Division of STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Items 5.9 00975 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY b COUNTY P.M3. Page 45 MARYLAND delay Depart ment b. CITY OR TOWN (If outside corporate limits, autside carparate limits, write RURAL and give nearest town? write RURAL and a ve negree d. NAME OF HOSPITAL e IS RESIDENCE OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS farm hours ON A FARM ate Item 18. Give Pages NOV haurs after death Office along with 3 NAME OF Year DECEASED (Type or print) S. SEX 6. COLOR OR RAD 7. MARRIED F UNDER 1 YEAR NEVER MARRIED M W WIT Months Days Hours DIVORCED W DOWED event CN 10a. USUAL OCCUPATION (Give kus) of work dane during most of working life, even if retired) KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? any pages in any e, writing the word "pending in pencil in farwarded to the Chief Medical Examiner's This certificate should be executed within 13. FATHER'S NAME gud WAS DECEASED EVER NUS ARMED FORCES? ROCKUILLE 16 SOCIAL SECURITY NO INFORMANT Address remayal, (Yes, na, or unknown) (If yes give war ar dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Б IMMEDIATE CAUSE (o) cremation, DUE TO Cardio Vascular Disease -Conditions, if ony, which gave rise to immediate cause (a) DUE TO stating the underlying couse burial, 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? please execute the certificate, NO 2 prior 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I ar CONTRIBUTING I 4 should CAUSE OF DEATH or its designated agent, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur a m factory, street, office bldg , etc } While Nat While FUNERAL DIRECTOR: Page at work at wark 21. I certify that I took charge of the remains described above, held an Autopsy [Inspect on 💢 and in my opinian the funeral directar. death resulted fram: Natural causes Suicide 🔲 Accident . Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Health NAME (Type) Address (Street, city, town, or county) 230 BURIAL, CREMATION, 23d. OCKTION (City or Town) (State) (County) 0 REMOVAL (Specify) FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNAT VR A15ME (5) 6M 1766

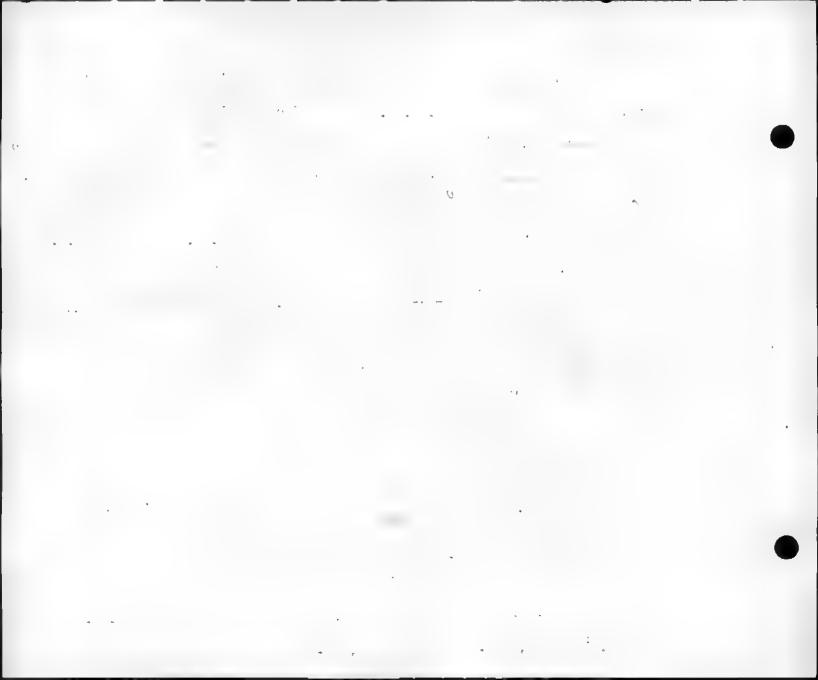
MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. couldontgomery Pages 1 a. STATE Maryland b. COUNTY Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b papers. Pagi MILITER BANK ABILITY OF THE BANK hours Silver Spring C filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 9413 Biltmore Dr. Holy Cross Hospital within completely carbon NAME DE First Jan. DATE Karasinski Lois DECEASED OF Magdalina (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. DATE OF BIRTH rermove NEVER MARRIED 2-29-1904 last pirthday) Months | Days Female Cauc. any and WIDOWED DIVORCED [Ξ physician 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) lease and in dering most of worlding life, even If retired) INDUSTRY Norway, Iowa Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal John Friis Etta Mabel Pirie attending germit. Then transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, ng., or unknwn) | (If yes give war or dates of service) death Leon Karasinski No None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate as the b DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate II for use Health hospital detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) Not While factory, street, office bldg., etc.) Hour a.m. After While at work at work DIRECTOR: At age 3 should | iled with the S 21. I certify that (I) (this hospital) attended the deceased from

saw the deceased alive on

Defrance

BURIAL, CREMATION, 1 23b.

DATE THEREOF

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

22a. SIGNATURE

22c.

e. IS RESIDENCE

19

Hours i

INTERVAL BETWEEN

INSET AND DEATH

monakal

WAS AUTOPSY

(State)

(State)

PERFORMED? NO V

6

12. CITIZEN OF WHAT

Biltmore

(County)

1-16-

DATE SIGNED

Z.M. from the causes and on the date stated above.

LOCATION (City, town or county)

tery Cedar Ranida Jowa 252. REC'D BY REGISTRARI 256. REGISTRAR'S SIGNATURE

., and that death occurred at≤

CRALID

Georgia

23c. NAME OF CEMETERY OR CREMATORY

Cedar Memorial Cemetery

ATTENDING

ADDRESS

DIRECTOR

23d.

3

COUNTRY? USA

ON A FARM?~

Year 66

NO X

VR A15 (4) 20M 1/65

TO HOSPITAL

page filed

TO FUNERAL I director, pag should be fil

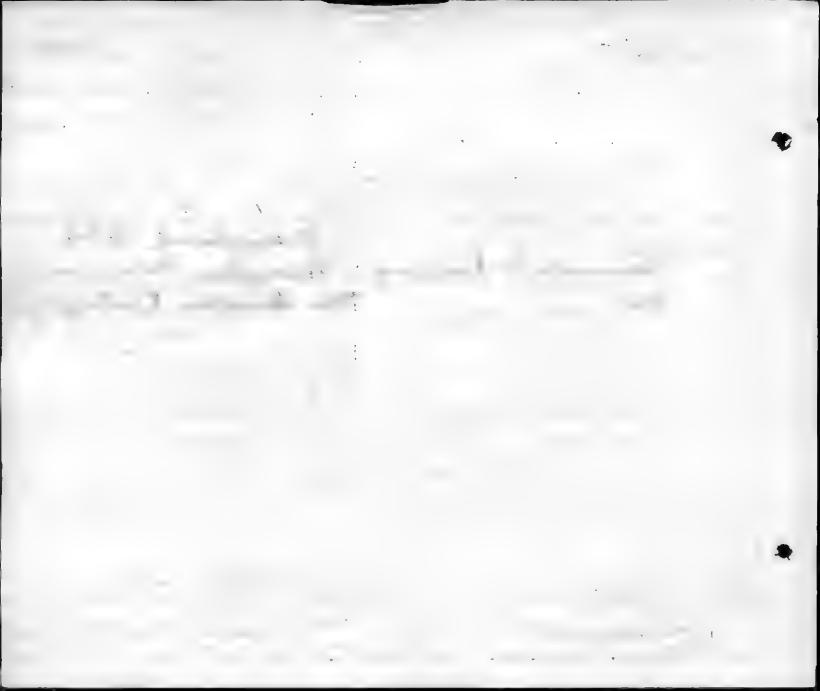


STATISTICAL	RESEARCH .	AND	RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE	1,	MARYLAND
	C	ERT	IFICATE	OF	DEATH			1	11055

,1.	PLACE OF DEATH	t				2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
	Montgo			MARYL	AND	a. STATE b. COUNTY Maryland Montgomery					
	b. CITY DR TOW	N (if outside and give near	corporate limits,	. C. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Bethes		ear rown)	1 day		Bethesda / /					
_	d. NAME OF HOS	SPITAL OR INS	TITUTION (if not	t in hospital, give street add	dress)	d. STREET ADDRESS e. IS RESIDENCE					
T	he Clinic	al Cent	ter, Betl	hesda 14, Md.		6209 Red	wing	Court		YES NO X	
3.	NAME OF DECEASED		First	Middle		Last	4. DA1			Oay Year	
	(Type or print)		Paula	Jean	Kas	don	DE/	ATH Januar	y 1	19 66	
5.	SEX	6. COLOR OF	RACE 7. MARI	RIED NEVER MARRIED	[X] 8	DATE OF BIRTH		9. AGE (In years I last birthday)	FUNDER 1	YEAR IF UNDER 24 HRS.	
	Female	White	WID0	WED OIVORCED		9 August 19	64	⊥ yrs.		Days Hours Min.	
10a	JUSUAL DCCUPAT	IDN (Give kind	of work done 1	Ob. KIND OF BUSINESS DR INDUSTRY		11. BIRTHPLACE (C	ounty & St	ate, or foreign country)	12. CI	TIZEN OF WHAT	
	Child	me motescu	ii i vui su)	None		Washin	gton.	D.C.		S.A.	
13.	. FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME				
	Lawr	rence I	. Kasdon			Charlo	tte 0	Coldenbern			
15	. WAS DECEASED I	EVER IN U.S. AF	RMED FORCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT The M	edica	al Recoldres	\$		
()	No	/1. les fine uti	- Marca di adi rice)	None		e Clinical				. Maryland	
		DEATH (Enter	only one cause	per line for (a), (b), and (c).		<u> </u>	-	pulmonary		INTERVAL BETWEEN	
	PART I. DE	ATH WAS CAU	SED BY: Thy	ransposition o	f +1	e great ve	ccalc			onset and death 16 months	
	7547	MIMEDIATE			<u> </u>	C KICHO VE	SETP	, autesta		TO MOTIVITS	
	Conditions, if	any, which \	OUE TD PO	ostoperative r	ight	sided Blal	lock	Shunt		l vear	
	gave rise to	Immediate (OUE TD		-0			NA SERVICE A			
	cause (a), si underlying caus		(5)								
NO			ONDITIONS CONT	TRIBUTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL D	DISEASEC	ONDITION GIVEN IN P	ART 1(a)	19. WAS AUTDPSY	
CERTIFICATION										PERFORMED?	
TIFI	20a. ACCIDENT	WAS UNDERLY	/ING 20	Db. DESCRIBE HOW INJURY	Y OCCUI	RED. (Enter nature of	Injury In	Part I or Part II of	item 18.)		
	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	NG □ CAUSE TIFY MEDICAL	EXAMINER)								
CAL	20c. TIME OF		h, Day, Year 2	od. INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, fa	rm, 20f	. (City or town)	(Cour	nty) (State)	
MEDICAL	Hour a.n			While Not While at work	factor	y, street, office bldg., e	tc.)				
2				tended the deceased fro	m D	ec. 31 10	65	o Jan. 1	10 66	, that # (we) last	
		eased alive	ou Janna	ary 1, 1966, an	nd that	death occurred at C			nd on th	e date stated above	
	22a. SIGNATUR	RE 176	2 -		tildt	deadl cocorred at	A.	1 0.11 (110 000363 6	22b. 0A	TE SIGNEO	
	× &	ST. Musi	of 3/=	2	M.O.	PHYS.	MEO. Director	STAFF DE	Jan.	1, 1966	
	22c. PHYSICIA NAME (Ty	N'S		1 00 5		22d. AOORESS T		Linical Cer	nter.	National	
	TAME (1)	se se	ott Stew	art, M.D.		Institute		Health, Be			
23 a		ATION, 23b.	OATE THEREOF					LOCATION (City, to	vn or com	(State)	
	But a Soe	Ja	7.3,1963		4 1	len Skiten	ta	Ill + Ckers	Action	102.	
24	. FUNERAL DIRE		. had	MODRESS	Sun se s	/	C'O BY RE	GISTRAR 25b. RE			
	27 N	augan	sky po	Tel 390/-14 Wa	the K	OC OATS AT	V 4	1966	don al.	36.392	

VR AI5 (4) 20M 1/65

. 4	I	tems 18&21 Film G374MARYLAND STATE DEPARTMENT OF HEALTH
and the same of th		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	_(MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTII DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) 5. COUNTY 6. COUN
age.		manyland 1312 Slew ave. Silve So Val
ecessar dor. Pag ur files.		b. CITY OR TOWN (if quiside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ock our our h.		Selver Spring Eday Selver Spring, Md.
al dir.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
de de de		Roley Cross Hospital 733 slege ave. YES NO NO
S af		NAME OF DECEASED OF First Models Last J. DATE Month Day Year
office the the the		(Type or print) Deanard, William Clalling DEATH 2 19 66
ay b	5.	SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
and 2	40	/ WIDOWED DIVORCED /// > / / 6 yrs.
45 C / S		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, N. BIRTHPLACE (State or foreign ecunity) 12. CITIZEN OF WHAT COUNTRY?
o o o	12	PATHER'S NAME
24 h ve Pa PM3.	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
. 三语 电谱 葡	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address;
<u>_</u> = = = = = = = = = = = = = = = = = = =	(Ya	s, no. or unknown) (Hyangiva war or defeas of service) 578 = 03 = 4403
in Item 18, in Item 18, in Item 18, in Item 18, in Item Item Item Item Item Item Item Item	-	18. CAUSE OF DEATH JETTER only one cause per line for (a), (b), and (c).]
e executed v cil in Item 1 along with Iransit perm	П	PART 1. DEATH WAS CAUSED BY: Intro - phdominal homographe as secondary
		1001
P C H H T		Conditions, if any, which \ (b) to repair of abdominal aortic aneurysim.
	Ш	gave rise to Immediate cause
erificate short "is "pending" is Examiner's O e used as a be la comation.	Ш	(a), stating the underlying cause last. (c)
	ᇫ	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] 19. WAS AUTOPSY
2 × 2 2 × 2	YTIC	YES X NO T
This of the wor. Wedical Should b	CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY Or CONTRIBUTING
第45年		CAUSE OF DEATH.
日 連注 8 g	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)
	WED	Hour a.m. While Not While p.m, 19 el work at work
EDICAL EX the certificate travarded to it DIRECTOR: esignated age		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
FY MEDICAL Equip the certific be forwarded to RAL DIRECTO ig designated		death resulted from: Natural causes . Accident . Spicide . Homicide . Undetermined manner
War War		CHIEF MEDICAL EXAMINER
tor for S de		SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
UTY MEDICAL EX execute the certificate, ild be forwarded to the VERAL DIRECTOR: or its designated age.		EXAMINER'S BELDEN R. READ MID Address (Street, city, town or county) SAN, 27, 1966
DEPUTY Bease execute should be for FUNERAL earlth or its	22-	NAME (Type) 2 C. DATE THEREOF 22c. NAME OF CEMETRAY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
O DEP please A shou O FUN	1	REMOVAL (Specify)
HH	23.	FUNERAL BIRECTOR ADDRESS 1246. REC'D BY REGISTRAR 1246. REGISTRAR'S GIGNATURE 4 # 2
VR A15ME	Free	1 Story & Startes 8434 Georgia Avenue 1000 Pellerles John
5M 1/63	<u></u>	trier L. Dumphrey, Inc. Silver Spring, Md. Toffet B. I. 1900 J



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEATH

11 2. USUAL RESIDENCE (Where deceased lived, 14 institution; Residence before

		UUJOI	CERTIFICATI	E OF DEATH		00957
١	1.	PLACE OF DEATH a. COUNTY	1	2. USUAL RESIDENCE a. STATE	(Where deceased lived, if institution b. COUNTY	ution: Residence before admission)
1		414 /	MARYLAND	·Md-	H	rotto omode.
1		b. CITY OR TOWN if outside corporate limits, cowrite RURAL and give nearest lown)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate limits, write	RURAL and give nearest town
1	-	Diloed SILINGS		647	5/1000	8/95,
ry		d. NAME OF HOSPITAL OR INSTITUTION (IF hot in hosp	Ital, give street address)	d. STREET ADDRESS	/	6. IS RESIDENCE
		Holy Cross			D ADre	YES NO
1	3.	NAME OF DECEASED	Middle	- Last	1. DATE / Month	Day Year
	5	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED	101	B. DATE OF BIRTH	19. AQE (in years) IF	UNDER 1 YEAR IF UNDER 24 HRS.
	۵,	WIDOWED W	I MEASY WANTED []	.41 - S	10 lest birthday) M	onths Days Hours Min.
j	10a		DIVORCED DO OF BUSINESS OR	1 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT
3	dur	Ing most of working life, even if retired) 17003 EWIFE	USTRY	10		COUNTRY2
-	13.	FATHER'S NAME		14. MOTHER'S MAIDEN		0.0.74.
1		UNKNOWN		UNKL	Merge)	
	15	WAS DECEASED EVER INU.S. ARMED FORCES? 16-50	CIAL SECURITY NO. 17.	INFORMANT	Address Address	SSRIM
1	(Ye	s, no, or upkown) (If yes give war or dates of service)	-36-2840 D	03/103 6). KEII- 641	-SLIGO AVE
1	Ĭ	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			I INTERVAL BETWEEN
_		PART I. DEATH WAS CAUSED BY:	Justice He	urt Failure		ONSET AND DEATH
		1/200	,	.,		
		Conditions, if any, which \ (b)	uniscleration	Heavt disease		HAMIS YEARS,
Y	Н	gave rise to immediate (cause (a), stating the DUE TO				
-	_	underlying cause last. (c)				
2	CERTIFICATION	PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT1(a) 19. WAS AUTOPSY PERFORMED?
á	FIC/	Ne mouri				YES NO NO
	ERTI	20a. ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED. (Enter nature of In	ijury in Part I or Part II of I	tem 18.)
1			JRY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm	1, 20f. (City or town)	(County) (State)
3	MEDICAL	Hour a.m. White	Not While factor	y, street, office bldg., etc.		(orate)
Ŋ	2		at work	au 14 101	11 + +4 18	19 6 r that (I) (we) last
		21. I certify that (I) (this hospital) attended saw the deceased alive on	19 (1) and that	death occurred at //		d on the date stated above.
_		22a. SIGNATURE	IJ, ally that	ueath occurred at-		22b. DATE SIGNED
		Tily leben	M,D.	ATTENDING ME	D. STAFF	Jan 19, 1966
		22C. PHYSICIAN'S NAME (Type) CALL TO LO		22d. ADDRESS		(1. 1.1
	,		en, MD		ton Dry nochui	
	23â	REMOVAL (Specify)	236. NAME OF CEMETERY		23d. LOCATION (City, town	(State)
	-04	FUNERAL DIRECTOR	ADDRESS	SE JEM	BY REGISTRAR 25b. REG	ETDADIC PICNATURE
	24		AUDRESS			ISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending plysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attemeding physician.

1 , X

TO FUNERALI DIRECTOR: After this certificate has been signed by the attending provintan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or remover and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING FHYSICIAN: The law requires that the death certificats lie executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

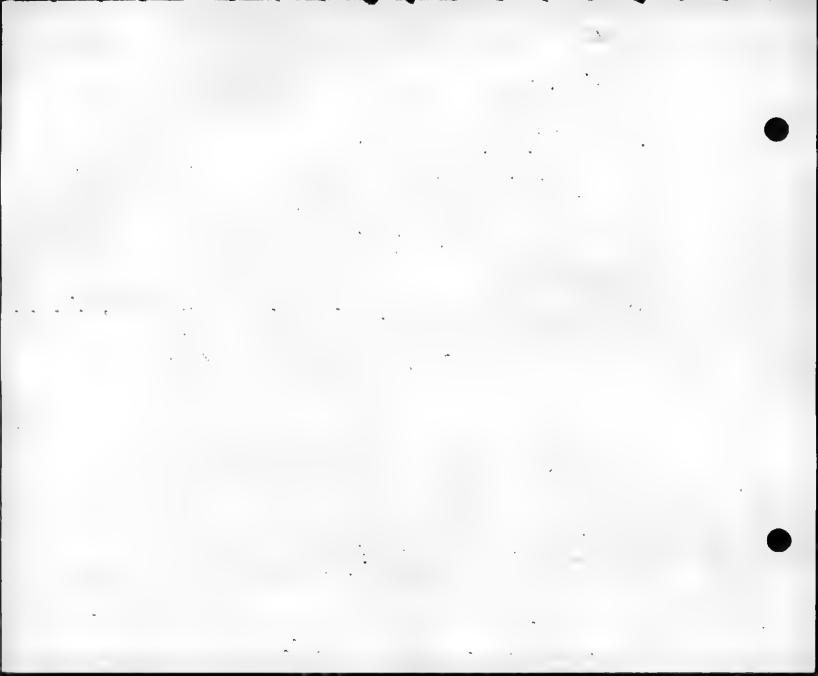
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		00982	CERTIFICATI	E OF DEATH		00058
	1.	PLACE OF DEATH a. CDUNTY		2. USUAL RESIDENCE	(Where deceased lived, If institution b. COUNTY	: Residence before admission)
		Montgomera	MARYLAND	Mary	Iland III	ontgomera
		write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY DR TDWN (IF)	utside corporate limits, write RUR	AL and give nearest toyin)
	_	d. NAME OF HOSPITAL OR PASTITUTION OF not in hospit	tal, give street/address)	d, STREET ADORESS	ington :	e. IS RESIDENCE
,		Nolu Cross Nosa	tal	111081	MILLALE	ON A FARM?
	3.	NAME DF DECEASED First	Middle	Last	4. DATE Month	Day Year
	_	(Type or print) LCV/	H.	KING	DEATH January	
	5.	111	MEASUR MINKKIED	DATE OF BIRTH	last birthday) Months	ER 1 YEAR IF UNDER 24 HRS.
	1Da	a. USUAL OCCUPATION (Give kind of work done 1Db, KIND	DIVORCED C	Oct. 30, 189	6 69 yrs. 3	CITIZEN OF WHAT
	dur	ring most of working life, even if retired) INDUSTRIBUTION AND LUX	STRY	· ·	nia	COUNTRY? U.S.A.
		. FATHER'S NAME	most Co.	14. MOTHER'S MAIDE	N NAME	
		Robert H. King		Minnie		
a	(Ye	es, no, or unkown) (If yes give war or dates of service)		INFORMANT	Address 901 Bric	e Rd
3	5	18. CAUSE DF DEATH (Enter only one cause per line f)-12-4239 H	ampton F.		C NINTENVAL BETWEEN
0		PART I. DEATH WAS CAUSED BY:	10 Car - 12 in (interest	·	ONSET AND DEATH
K		1MMEDIATE CAUSE (a) DUE TO	To Coo max	C Part Carl	2) >	
		Conditions, if any, which \ (b) Arle	viosclerour	heart c	lisease.	
9		gave rise to immediate (cause (a), stating the DUE TD				
A	NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DIS	FASE CONDITION GIVEN IN PART 1/	a) 119. WAS AUTDPSY
13	FICAT	01-1-10-17	1 emphases		NEW COMMENTAL COMMENT OF	PERFORMER?
M	M IF				njury In Part I or Part II of Item	Land Control
K	L CEPT					
<i>,</i>	EDICAL	Maria a m	Not While 20e. PLAC	E DF INJURY (Home, farm y, street, office bldg., etc	n, 20f. (City or town) (0	County) (State)
9	ME	p.m. 19 at work	at work	1/1=	66 1 1 126 10	
9		21. I certify that (I) (this hospital) attended t			500, to 1/20 , 190 500000000000000000000000000000000000	the date stated above
B		22a. SIGNATURE	15-12422-, and that	1 4	22b.	DATE SIGNED
the		Glass & Kenton			RECTOR PHYS.	126/66
1		NAME (Type) George Kenton, M.	D.	10829 Geo	rgia Ave., Wheat	on, Md.
-	23a.		C. NAME OF CEMETERY		23d. LOCATION (City, town or	
			hestnut Gr	ove Cem.	Herndon, Vir	ginia .
		. FUNERAL DIRECTOR	ADDRESS	25a. REC'I	BY REGISTRAR 250, REGISTRA	
	,	morer c w. rambureh per	hesda, Md.	FEB 3	1966 Juliane	10

VR AI5 (4) 2DM 1/65







	1 ,	1		MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH	TIMORE 1. MARYLAND
		A	1		TE OF DEATH	00061
	hours after death. Id in by the funeral Pres. Pages 1 and 2 2 hours after death.		右."	PLACE OF DEATH a. COUNTY Montoomery Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b		b, COUNTY
	hours f in by S. Pa	10	_	Takoma Park D. O. A.	Silver Spring	15 1
	fille pape in 7	J. J.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address Washington San. & Hospital	119 Lettoriae Ave.	e. IS RESIDENC ON A FARM? YES NO
	executed within		3.	NAME DF First Middle PECEASED (Type or print) Alice Frances Kins	DEATH	m. 18 Day Year 6
	xecute any eve			F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	March 2, 1913	thday) Months Days Hours Min
	d see	ho		Office Manager Office Manager Office Manager Office Manager	Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? U, S, A,
	certifical Iding ph Then removal	1/2	13.	Frank M. Lanham	14. MOTHER'S MAJOEN NAME Mary E. Fowler	
	d it it	13	15. (Ye	. WAS DECEASED EVER IN U.S. ARMEO FORCES? s, по, or unknown) (If yes alre war or dates of service) 16. SOCIAL SECURITY NO. 17. No None 10. WAS DECEASED EVER IN U.S. ARMEO FORCES? LILL 28 8907 Je	INFORMANT an Hollis 7121 Poplar	Address Sister Ve. T. P. Md.
	ufres that the deal g physician. an signed by the a burial-transit perr	B		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	d carinomotosi	INTERVAL BETWEEN ONSET AND GEATH
	law requires that the tending physician. has been signed by the sas the burial-transit prior to burial, cremai			Conditions, if eny, which gave rise to immediate (b)	Causama	55 mos
	aw require tending pages as been as the bu	10		cause (a), stating the underlying cause last.		
	N: The law tal or attentificate has for use as Health prior	un	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CIAN: ospital certifi ced fo	0		2Da. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIBUTING DOLCAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Pert I or I	art II of Item 18.)
	4 3 5 4 E	E. E.	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. Pl. Hour a.m. While Not While at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or tory, street, office bidg., etc.)	town) (County) (State)
	ined ined At	2		21. I certify that (I) (this hospital) attended the deceased from.		18 , 1966, that (1) (we) la
D	L OR ATTENDING y be retained by DIRECTOR: Afte age 3 should be	1/2		22a. SIGNATURE TO POSITIVE	at death occurred at MEO. D. ATTENDING MEO. STALE DIRECTOR DIPERTOR PHY.	22b. DATE SIGNED
	TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page should be filed	1 1		22c. PHYSICIAN'S NAME (Type) HARRY N CARLTON	D. PHYS. DIRECTOR DIPHYS. 22d. ADDRESS 940-2-7% SV. N.W.	WASH DC
	TO HOSPITAL Page 4 may TO FUNERAL director, pa		23a	BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) Surial 1-20-66 Mt. Olivet ((City, town or county) (State)
	VD 115 //		24.	FUNERAL DIRECTOR HOSELO- 8434 Georgia Au		25b. REGISTRAR'S SIGNATURE
	VR A15 (4)		Ma		Md DATE 1000	" " " THE THE SEE



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH 1, 2, and 3 ta P.M3. Page

Office along with form in Item 18 Give Pages 1

This certificate shauld be executed within 24 haurs after death 1

in penci

ld 2 with the State Department of ent within 72 haurs after death vent 5 <u>ه</u> <u>ک</u> and

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's

necessary, please execute the certificate, writing the ward "pending"

TAL EXAMINER:

TO DEPUTY MA

Health ar its designated agent, priar ta burial, crematian, or mmaval,

	10387		MED	ICAL EXAMINE	R'S CE	RTIFICATE C)F DE	ATH	()	9962		
1	PLACE OF DEATH a. COUNTY	34			2			ceased lived if instituti		ice befare adm	iss an)	
L		Montgomery		MARYLAN	ID	Dist	. of	Col. 6 COUN				
	b CITY OR TOWN (I write RURAL and	f guts de corporate limit Re geprest town) Bethesda	S	c LENGTH OF STAY N 1	b c	c CITY OR TOWN (If auts de carparate limits write RURAL and give nearest tawn)						
_		_				Wash	ingt	on 42	<u>* - 0</u>			
		AL OR INSTITUTION (F no		ive street address)	i d	STREET ADDRESS				ON	A FARM?	
L		mbia Countr	v .					tution Ave			_ ио 🔀	
3	DECEASED		rst .	Middle	-	Lost	4 DAT		h	Day	Year	
·	(Type ar print) SEX	Evere	1	н.		cey	DEA	9 AGE (In years	IF UNDER		19 66 IDER 24 HRS	
,				NEVER MARR ED		ATE OF BIRTH	000	last b rthday)	Manths	Days Hau		
10	Male	colored (Give kind of wark dane	M:DOMED	D. VORCED [Nov. 9, 19 I BIRIHPLACE (State		63 yrs	12 (1	TIZEN OF WHA	1	
	ring most af working.		11/1	DUSTRY				ii coaiiii y;		UNTRY?		
13	FATHER S NAME	00		Col. Co. Cla		Virgi MOTHERS MA DEN				U.S.A	•	
	(Kerlen) .>	Lacry								
15	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address											
ĮΥ	es, na, ar unknawn) 20	(If yes give war ar dates i	at service)			Everett M	arri	s_Lacey/	San			
		ATH (Enter anly one ca	use per line far	(a), (b), and (c).)					301	INTERVAL		
		H WAS CAUSED BY IMMED.ATE CAUSE	(o) A	cute fatty	meta	morphosi	s 0	+. LIVer	*	SUSET	Jen H	
	5811	DUE	TO	oronic alco								
	Conditions if any, rise to immediate	e cause (a)	(D)	TOUTC STOR	111077	. DHI 			· · · ·			
	stating the under											
		CAUCICIANT CONDITIONS C	(c)	O DEATH BUT NOT RELATED	TO THE	TON A AL DISCASE CO.	ND T ON C	C MEN IN DADE 1/->		19 WAS A	VZGOTIL	
NOI	PART I OTHER SH	DIRECTOR CONDITIONS C	ו טאווטם איאט.	O DEATH BUT NOT KEENTE	און טו ע	EKM NAL DIBEASE CO	ND + UN C	TEN IN PAK! I(U)		PERFO	RMED?	
CERTIFICATION	20a. EXTERNAL CA	USE WAS	70b DF9	CRIBE HOW INJURY OCCUI	RRFD (Ente	r nature of in Lrv n	Part Lar	Part L of Jem 81		YES	NO [
	PRIMARY TO OF CONCAUSE OF DEATH.	ITRIBUTING 🗆			11120 [2.1.1							
SE		RY Manth, Day Year	20d IN	IJRY OCCURRED 20		F INJURY (Hame, farm		f (City or town)	(Cor	unty)	(State)	
MED	Hour a.n p.n	10	White at wark	Nat While at wark	factory,	treet, office bldg , etc)					
	21. I certify	that I took chorg	e af the rem	ains described abov	e, held o	in Autapsy 💢,	Inspe	ection 💢 Inqu	iry 💢 .	and in n	ny apin an	
	death result			, Accident,	Suicide		_ ,	Undetermined mi	anner 🗀			
	ACTUAL	0.8	1.6.1	200		CHIEF MEDICAL				22 D.I	ATE SIGNED	
	SIGNATURE	Chim	1 -5. 1	aur -	M	D ASSISTANT MED		hud //	3/6		HE MONED	
	EXAMINER'S NAME (Type)	0				DEPUTY MEDIC Address (Stree			1 3	0		
230	BUR AL, CREMATIO		FREOF	23c NAME OF CEMETER		IATORY		LOCAT ON (City or Toy	vn)	(County)	(State)	
1	REMOVAL (Speniy)	12-5	-00	Smith Fu	nera	1 Home	CI	ifton Fo			4 4	

ADDRESS 414 15th SE 250 REC D BY REGISTRAR Washington, D.C. DATIAN 7 19

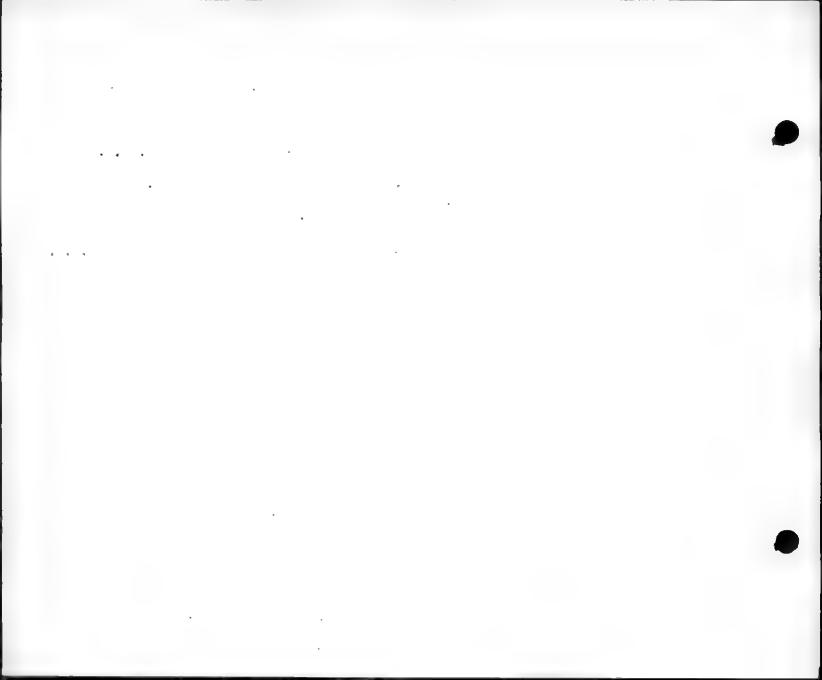
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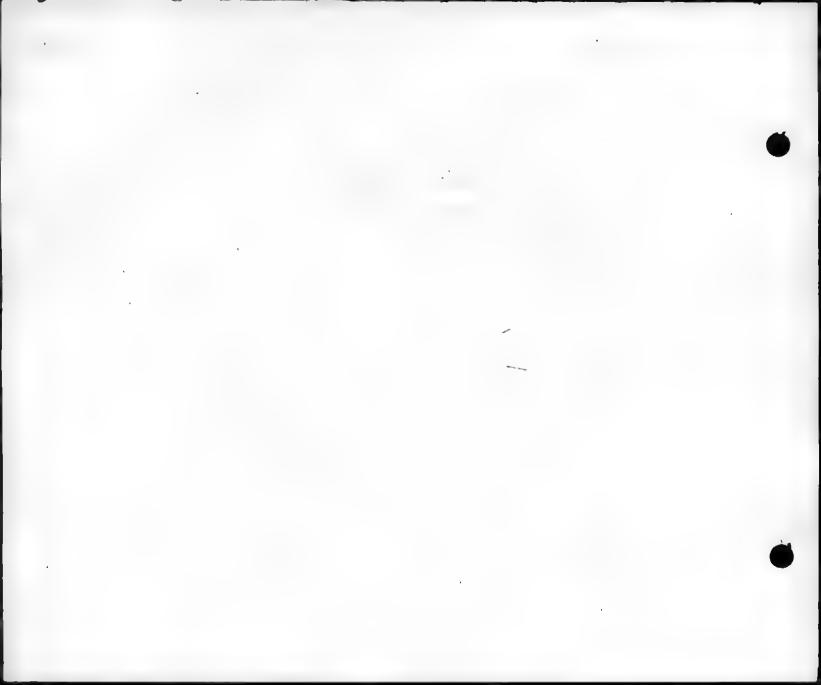
by etely, C. _ attending parmit. Then signed certificate retained

and 2 event. in any remova d by the attend transit permit. cremation, or n burial-transit burial, cremat the bu

has be as th for use Health After this certifit be detached for State Dept. of I P. 0 page 4 may O FUNERAL director, p should be 1 VR A15 (4) 20M 1/65

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY / 1400 + 400 THING MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NOU NAME DE Middle DATE Year Last DECEASED (Type or print) BEATH 19 5. SEX 6. COLOR DR RACE AGE (In years LIF UNDER DATE OF BIRTH 7. MARRIED [**NEVER MARRIED** last birthday) Months I Days Hours I 3 WIDOWED [DIVORCED 2.7 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' 17. (Yes, no, or unknwn) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 48 155 - on chopnes monia IMMEDIATE CAUSE (a). **DUE TO** days Cenditions, if any, which Meningomyelocele gave rise to immediate **DUE TO** cause (a), stating the 27 days multiple vertebral defects underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) OIRECTOR: After tage 3 should be defilled with the State Hour a.m. While Not While at work at work p.m. 12-30 19 65 to /- ∠ 6. 19 6 6, that (1) (www.) last 21. I certify that (I) (this hospital) attended the deceased from. 19 66, and that death occurred at 2:557M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED man K. ATTENDING PHYS. MED. DIRECTOR T STAFF PHYS. 26-66 61/8 ADDRESS PHYSIC AN'S BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) wriat 25a. REC'D BY REGISTRAR I REGISTRAR'S SIGNATURE 25b.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



13

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1' and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it has been, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4444	
1. PLACE DF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
11)4- 4-	a. STATE b. COUNTY
b. CITY OR TOWN (If outside Corporate limits,) c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (Houtside corporate limits, write RURAL and two nearest town)
b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b write RURAL and give nearest town)	
- Believa Baip	May Chase !-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Duburban	3507 Teland St YES NOW
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) GEORGE Gernen	LAHR DEATH JONE 26 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
male white WIDOWED DIVORCED	10/29/92 73 yrs. Months Days Hours Min.
IDa. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during mest of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) (INDUSTRY	The day Dun Chal It's A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
attain Inly	2000:00 1 Ba-1/24
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT VORUS EST Address
(Yes, no, or unkown) (If yes give war or dates of service)	TAI MALE CA
- 146-093799\U	ife LAHR, Same as above
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: A DENOCARCII	VOMA Problete
1771 DUE TO	Land
Conditions, If any, which) (b) a weede of	aread melastices 2 Vyears.
gave rise to immediate	
underly acres lest	
	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(2) 119. WAS AUTOPSY
Generalized arterios cherosis - sener	PERFORMED?
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED, (Enter nature of injury in Part I or Part II of Item 18.)
9 facto	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bldg., etc.)
Not While Not While p.m. 19 at work at work	,
21. I certify that (I) (this hospital) attended the deceased from	elineary 1960 tollineary 26, 1966, that (1) (wet last
saw the deceased alive on 1/25 1966 and that	death occurred at 155 P.M. from the causes and on the date stated above.
22a. SIGNATURE	22b. PATE SIBNED
& Dlane Jezgereed M.D.	ATTENDING MED. STAFF 1/27/66.
22c. PHYSICIAN'S	22d. ADDRESS
(NAME (Type)	8218 Wiscourin Ane Bellanda
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	actor Stephen m. Math
Burio 31/66 Leave 9	200 L. (25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
101 /2 doing lander 51300/11	1101
you raw represent and 3120 hours	2 1966 Wharles Judge
	E. F.

VR A15 (4) 20M 1/65 . .

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending for place and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The place remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after degith. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

4		DIVISIO	N OF STATIST	CAL RESI	EARCH AND R	ECORDS	, 301 W. PF	RESTON		T, BALTIMO	RE 1, 1	MARY	LAND	
of the	¥.	00383		T;	CERTI	FICATI	E OF DI	EATH	mh		1) !	306	d	
3	1.	PLACE OF DEAT	Н	- 1 5 H)	# 1 1 1 1 1 Th	/ 4 5 / 3 	2. USUAL R	ESIDENCE	(Where dec	eased lived, If in	stitution: I	Residence	before a	idmission)
		a. COUNTY Monts	gomery		Ma		a. STATE	Mary	rland	b. cou				ery
		b. CITY OR TOW	/N (if outside corpor	ite limits.	I C. LENGTH OF ST	RYLAND	c CITY OF T	OWN (If o	utsida corr	orate limits, w	Ita RURAL	and el	e neare	st town)
		STIP RUBAL	sand give nearest to	wn)				herst		orato minto, m	Ito Honra	/	10 110010	ist tolen)
						A T 1 T 1 T 1 T 1						/	(a be	-15540
T		Holv C	SPITAL OR INSTITUTI COSS HOSDII	on ur not m. ta 1	nospital, give stree	t address)	d. STREET A		ge Str	eet			ON A	SIDENCE FARM?
i.i									,			,	EŠ 🗌	NO 🔛
	3.	NAME DF DECEASED		Irst	Middle		Last		4. DATE	Mont		Day	Ye	ar
		(Type or print)		arles	W.		Leig	,n	DEATH	Januar	У	20	19	66
		SEX	6. COLOR OR RACE	7. MARRIEI	D 🔼 NEVER MARR	IED 8	B. DATE OF BI	RTH	9.	AGE (In years last birthday)	IF UNDER			
		Male	17	WIDOWE	D DIVOR	CED 🗍	1/17/91			Vrs.	Months	Days	Hours	Min.
	1Da	. USUAL OCCUPAT	ION (Give kind of worlding life, even if retire	done 10b.	KIND OF BUSINESS	OR	11. BIRTHP	LACE (Cou	nty & State,	er foreign country) 12. C	ITIZEN	OF WHA	7
	eu:	Retire	dig mo, even it reut	Cap	INDUSTRY Lugboa	t-Frie	R.R.	Net	v Tork		C	ITIZEN OUNTRY	TICLA.	
	13.	FATHER'S NAM	IÈ	1			14. MÖTHER	'S MAIDE	N NAME M	innie H				
		Eug	ene Lynes	Leigh						rWhiteon				
	15		EVER IN U.S. ARMED F		. SOCIAL SECURITY	NO 117	INFDRMANT	7 / 7: 7-7		nter Addre				Va
	(Ye	s, no, or unkown)	(If yes give war or dates	of service)	706-12-23			Adomh	1,0	714 List		a n	00157	4116
			1 2				Tyll D.	treate, r .	toru +	714 1151	Ta V			
			DEATH (Enter only o		line for (a) /(b), and	(c).]	10		,			INTE	RVAL BE	DEATH
		PART I. DE	IMMEDIATE CAUSED B	(a)(elleview	c all	MMOC	orce	WEN	d				
		1573	DUE	TO a	1.10-00			1)_						
		Conditions, If any, which gave rise to immediate (b) admotorumoma colon												
		cause (a), stating the DUE TO												
		underlying cause last. (c)												
	CERTIFICATION	PART II. OTHERS	SIGNIFICANT CONDITI	ONSCONTRIB	UTING TO DEATH BU	T NOT RELA	TED TO THE TER	MINAL DI	SEASE COND	ITION GIVEN IN	PART 1(a)	19.	WAS AL	UTOPSY
	CA											YE		NO DE
	E	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW IN	JURY OCCU	RRED. (Enter n	ature of I	njury in Pa	rt I or Part II o	f Item 18			
	CER	(IF EITHER, NOT	NG CAUSE OF DEATIFY MEDICAL EXAM	NER)										
	'AL	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED	120e. PLAC	E OF INJURY	Home, fari	m. 20f. (City or town)	(Co.	inty)	-	State)
	MEDICAL	Hour a.n		White	Not While	factor	y, street, office	bldg., etc	()	,	(50)		,	
	M	p.r		at wo]]	1-27		//	J		, , .		
-			y that (I) (this hos				1 /	, 194	75 10 N	1-05				we) last
			ceased alive on	1-27	19.6.6	, and that	death occurr	ed at2	2M, fro	n the causes		-		above.
		22a. SIGNATUR	A TO A N	Bu.	MIN		ATTENDING	MI	ED. —	STAFF	22b. D	ATE SIG	INED	
,		22c. PHYSICIA	ruckan	Mucy		M.D.	PHYS.	DI	RECTOR _	PHYS.	1/-a	16	5	
		22c. PHYSICIA NAME (Ty	Pe) DONAL	dL1	Bucy M	NO	809	Ve/	RS M	ill Ad	Roc	cku	ITE	MI
	23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATOR	Y	23d. LO	ATION (City, to	wn or col	unty)	(S	tate)
		Grematic	on 1/29/	56	Gedar Hil	1			Prin					
7	24.	Tyson who			e 1331 Roc	117-1	2	5a. REC'I	D BY REGIS		GISTRAR	S STGN	TURE	
1		Lyson who	leter runer	cal Hom				FEB :	1 19	66	a simple of	D.	0	
					Rockvil	P MA	rviand	PS I Em Ser	_ 14	H .		W		

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT

Department after death. essary, funeral 5 5 Le exmarted within 24 limits after math. If any delay pending" in pencil in Item 18. Give Pages 1, 2, and 3 to fedical Examiner's Office along with form PM3. Page State hours With N File EXAMILER: This __tiffcal sho__ le ex___ ...e certificate, writing the word "pending" 4 should be forwarded to the Chief Medical E 0 pe DIRECTOR: for your Page 4 O DEPUTY MED

25年 3 event any E and permit. I removal, burial-transit i cremation, or i used as to burial, Ь 3 should basent, prin CTOR: Page designated a O FUNERAL I director. retained 40 0

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATEMARY LAND b. COUNTY MONTGOMERY MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 25 DAYS GAITHERSBURG. RURAL OLNEY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? ROUTE #1 MONTGOMERY GENERAL HOSPITAL YES INO NAME DE First Middle DATE Day Yaar DECEASED 1966 19 ELI LFISHEAR JANUARY MOLESWORTH (Typa or print) 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years HE UNDER 1 YEAR HE UNDER 24 HRS 7. MARRIEO X NEVER MARRIED iast birthday) Months Days Hours I FEB. 2. 1891 MALE WHITE WIDOWED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? MARYLAND FARMER --13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS M. LEISHEAR MARY F. MOLESWORTH 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unhown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address OLNEY, MARYLAND MEDICAL RECORDS No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute pulmonary embolus secondary IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which to fracture of left hip (b) gave rise to immediata DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY PERFORMED? YES X NO F 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. Deceased, drinking at home, fell and fractured left hip. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work SC 19 65 Home Gaithersburg Montg. Md. 21. I certify that Lapk charge of the remains described above, beld an Autopsy Inspection, Inquiry 💢 and in my opinion death resulted from: Natural causes Undetermined manner Accident Suicide Aomicide CHIEF MEOICAL EXAMINER ACTUAL SIGNATUR 0 **EXAMINER'S** Mo. M.D. or county MHEATON. BELDEN R. REAP. RAME (Type) BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial Jan. 22,196 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Jan. 22,1966 Mt. Carmel Sunshine, Md. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Olin L. Molesworth. Damascus, Md.

Items 18-21 Film376 5 MARYLAND STATE DEPARTMENT OF HEALTH

VR ALSME (5) 1/65

16 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending "Mysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit parmit. Then please cance carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

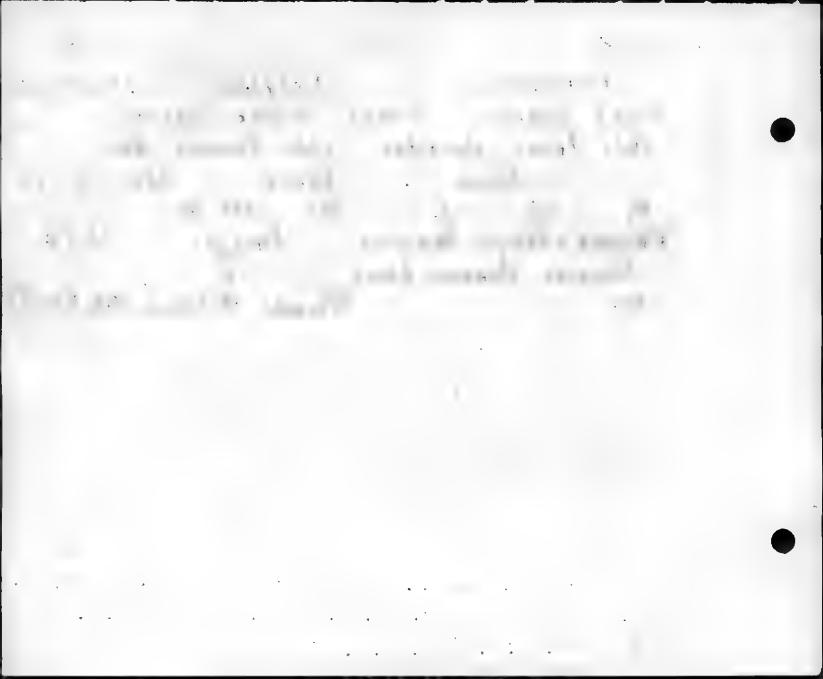
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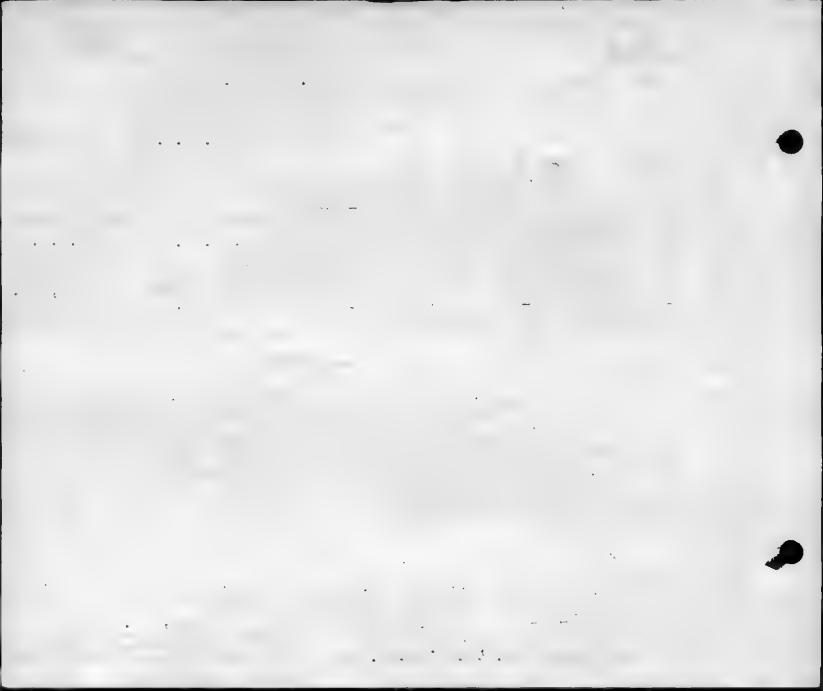
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 03986	6
1. PLACE OF DEATH a. GOUNTY A COUNTY A	efore admission)
MONTGOMERY MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND	MERV
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give verte RURAL and give nearest town)	nearest town
DITURE Spring / Hours DITURE DARING	1:
	IS RESIDENCE ON A FARM?
MOLY CROSS MOSPITAL 1/330 NAUERIA DR. VES	NO X
3. NAME DF First Middle Last 4. DATE Month Day DECEASED OF	Year
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (ID YEAR IF UNDER LYEAR IF)	1966
A last birthday) Months Days 1	Hours Min.
WIDOWED DIVORCED 75 102 USUAL OCCUPATION (Give kingly of work done 10b. Kingly of BUSINESS OR 11, BIRTHPLAGE (County & State, or foreign country) 12, CITIZEN OF	WHAT
COUNTRY COUNTRY	MINA
13. FATHER'S NAME	· /1 ·
To a Harry N. Page	
- GOODE TERRITO NEDIDI	4.6
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 175 INFORMANT (Yes, no., on, unknown) (If yes give war or dates of service)	A los
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1	AL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) De reformer s	AND DEATH
DUE TO VIOLETO	
[cenditions, if any, which] (1)	15-
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	AS AUTOPSY ERFORMED?
YES [NO 🗌
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W PE 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of (lem 18.) OR CONTRIBUTING 200. CONTRIBUTING 200. CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of (lem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED County) Hour a.m. p.m. 19 at work at work	(State)
P.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	(I) (ws) last
saw the deceased alive on	
22a. SIGNATURE 22b. OATE SIGNE	
22c. PHYSICIAN'S 22d. ADDRESS	<i>-</i>
NAME (Type) Richard L. Cohen, M.D. 800 Pershing Drive, Silver Spring	ng. Md.
23a. BURIAL CREMATION 23b. DATE THEREOF 1 23C. NAME OF CEMETERY OR CREMATORY 1 23d 1 OCATION (City town or county)	(State)
Burial (Specify) 1/6/66 Nat. Cap. Hebrew Cem. Washington, D. C.	(0.0.0)
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU	URE
3501 14th St., N. W., Wash. D. C. WAN 10 1966 Illianles Judy	ge.

VR ALS (4) 20M 1/65

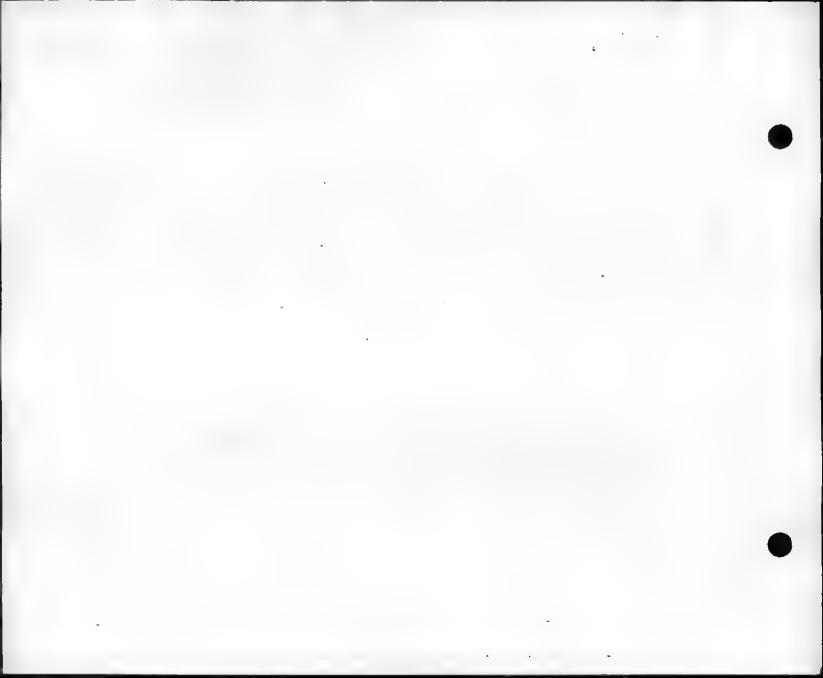


MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the fundamental Pages 1 urs after, Mant-AMO411 MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b remove carbon papers. Pag Lany event, within 72 hours write RURAL and give nearest town) Silver Spring Silver Spring .≡ IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 1218 Date Drive 1718 Anda Arina ND D completely The law requires that the death certificate be executed within 3. NAME DE DATE Month Year Middle DECEASED 371111 11072 415 DEATH 19 (Type or print) 400 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | FUNDER 24 HRS 7. MARRIED NEVER MARRIED □ last birthday) | Months Hours and (WIDOWED DIVORCED yrs attending physician a ermit. Then please re on, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND DF BUSINESS OR USUAL OCCUPATION (Give kind of work done lindustry) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? rinting ()words Potershura RUNNIA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Sarch Strurinsky darkin A. Loutt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDC IAL SECURITY NO. burial-transit permit. burlal, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 210 hala haine the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH certificate has been signed by hed for use as the burial-transi t. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: TO HISPITAL OR AFFENDING PHYMICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? ND YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) TO FUNERAL DIRECTOR: After this certification, page 3 should be detached f should be filed with the State Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120s, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work to. 21. I certify that ((I) Ithis hospital attended the deceased from , and that death occurred at 12:1 M, from the causes and on the date stated above. G saw the deceased alive on SIGNATURE DATE SIGNED MED. M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S ADDRESS 22d. NAME (Type) 3 uncu BURIAL, CREMATION, REMOVAL (Specify) DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. Poppeteris 00 11/4 100 1 P34.P1 REGISTRAR'S SIGNATUR REC'D BY REGISTRAR FUNERAL DIRECTOR 25a. 25b.

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Pages 1 and 2 nurs after death. hours after death. PLACE OF DEATH a. COUNTY DNT JOMERL MARYLAND b. CITY OR TOWN (If outside colporate limits c. LENGTH OF STAY IN 1b C. CITY OR write RURAL and give nearest town) on papers. Pag Within 72 hours filled in 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS PHYSICIAN: The law requires that the death certificate be executed within 3. NAME DE Last DATE Middle 4. DECEASED OF (Type or print) DEATH OWE REG SEX 6. COLOR OATE OF BIRTH 7. MARRIED NEVER MARRIED 9. гепор and Then please remore removal, and in any WIDOWED DIVORCED 1Da. USUAL CCCUPATION (Give kind of work done during most of working life, even thretired) 10b. KIND OF BUSINESS OR attending physician remit. Then please r INDUSTRY MAIDEN NAME FATHER'S NAM MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes nive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the attent the burial-transit permit. or to burial, cremation, or r CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate as the b DUE TO cause (a). stating underlying cause lest, FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as rould be filed with the State Dept. of Health prior (c) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING be retained by at work p.m. 19 at work 19 (05 0 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive pr 22a. SIGNATURE page filed ATTENOING PHYS. MEO. STAFF DIRECTOR M.O. TO HOSTILLE Page 4 may 1 PHYS. PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p NAME (Type CEMETERY OR CREMATORY BURIAL, CREMATION, NAME OF 23a. 23 23c. OVAL (Specify

ADDRESS

VR A15 (4) 15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY 7 gomeru TOWN (If outside corporate limits, write RURAL and give nearest fown) e. IS RESIDENCE ON A FARM? NO X YES Month Year 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO [YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) (County) that (I) twe last and that death occurred at 222M, from the causes and on the date stated above. 22b. DATE SIGNED 23d LOCATION (City, flown or county) (State)

257.

REC'D BY REGISTRAR

25b.

1966

REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(41)		00995		CERTIFICATE	OF DEATH		00970
uneral 1 and 1 death		PLACE OF DEATH	starmer	A MARYLAND	2. USUAL RESIDENCE (WE o. STATE	pere deceased lived, if institution b COU	ton: Revdence before admyssion)
Pages ours afte		b CHY OR TOWN UF outside corp with RURAL and give nearest	iorate lights, c.f.	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	yle forporate limits, write RU	RAL and give nearest town)
filled in by the funeral n papers. Pages 1 and 2 ithin 72 haurs after death		d NAME OF HOSPITAL OR INSTITU	TYON (If not in hospital, give st	reet oddress)	STREET ADDRESS	LLIOD POL. CO.	B IS RESIDENCE ON A FARM? YES NO IX
rban p rwithin		NAME OF DECEASED (Type or print)	First n	Middle)	Lost	4 DATE MED OF DEATH	7- 7- 701
and campletely to Comave carban In any event, wit	S		R RACE 7 MARRIED WIDOWED	NEVER MARRIED 8	PATE OF BIRTH	9 AGE (n years hat hat hit hot hot hot hot hot hot hot hot hot ho	Months Doys Hours Min
	10o	USUAL OCCUPATION (Give kind of ind most of working life, even if ret	work done 10b. KIND OF INDUSTR	BUSINESS OR	BIRTHPLACE (COLINTY &	State, or fore gn country)	12 CITIZEN OF WHAT
attending physical	13.	FATHER SANAME	neigh	bours	MOTHERS MANDEN NA	IME BEE	meman
attending permit. If	IS. (Ye	WAS DECEASED EVER IN U.S. ARME s, no, or unknowns July yes give wo	D FORCES? or or dotes of service	SECURITY NO 17 INI	ORMANT (15)	rd-Orky	ess Ame
signed by the attending physical burial-transit permit. Then please burial, crematian, or remaval, and			nly one couse per line for (0), (1 ED BY: IATE CAUSE (0)			0	INTERVAL BETWEEN ONSET AND DEATH
signed by the burial transit burial, cremati		Conditions, if any, which gove	DUE TO	TRO - ENTER	LITIS		40043
een sig the bu rrtabu		rise to immediate couse (a), stating the underlying couse lost	DUE TO	CINIMA -	1 BOWEL		3 423
e has been use as the lith prior ta	ATKON	PART II. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE	TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO Z
certificate certificate hed far u ot. af Ileali	CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAM	DEATH	E HOW INJURY OCCURRED. (Er	ter noture of injury in Po	ort I or Port II of item 18.)	
r this c detach te Dept	MEDICAL	20c. TIME OF INJURY Month, D Hour o.m.	loy, Yeor 20d INJURY While of work		OF INJURY (Home, form, , street, affice bldg., etc.)	20f (City or town)	(County) (State)
R: After ould be do the State		21. I certify that (I) saw the deceased all	(this hospital) attended t	the deceased from	JUM€, 19 death occurred of ±	63, to TA / M, fram causes	\sim , 19 $\stackrel{?}{\sim}$, that (1) (we) last and on the date stated above.
DIRECTOR DIRECTOR Bed 3 shoul		220. SIGNATURE	200	num M.D.	PHYS.	MED. STAFF C	22b. DATE SIGNED //23/66
		NAME (Type)	8218 WISC.		22d ADDRESS	14 Mr.	
director, po should lie f		Burial 1-	-25-1966 Ft	NAME OF CEMETERY OR CR	Jemetern	23d. LOCATION (City or To	(County) (State)
VIII A15 (4)	24	. FUNERAL DIRECTOR Joseph Gawle	r's Sons, I	ADDRESS 30 Wos	250 KEC'D		EGISTRARY SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r doeth: PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the n. by the Pages 1 b. COUNTY ONT GOME MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) TAKOMA filled in ve carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? SHINGTON 404 NO PV hpletely NAME OF First DATE Month Year Middia Last DECEASED OF (Type or print) KOSCOE MADON DEATH 1966 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Davs апу WIDOWED DIVORCED lease re and in 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician irmit. Then please pe during most of working life, even if retired) INDUSTRY COUNTRY? 11.5 A. KETIRED TRE MARYGAND certificate been signed by the attending phys the burial-transit permit. Then pl or to burial, cremation, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN KNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: Week physician. IMMEDIATE CAUSE (a that Conditions, if any, which (b) gave rise to immediate attending OUE TO (a), stating the as th prior underlying cause last, has CERTIFICATION ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) WAS AUTOPSY PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. for use Health 1 PERFORMED? certificate 5 DIZ be GACYES T of Duodenum. hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) PHYSICIAN: this certification detached for the Dept. of B MEDICAL the 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While OR ATTENDING I m.d at work at work o FUNERAL DIRECTOR: A director, page 3 should should be filed with the 3 21. I certify that (1) (this hospital) attended the deceased from January 21 1966 to 122- 25, 1966, that (1) (we) last 1966 saw the deceased alive on, 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** Jan4214 25 DIRECTOR PHYS. PHYS. 4 may 22d. 22c. PHYSICIAN'S ADDRESS Maulow Hots. 4300 10201 BURIAL CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15 (4) 15M 4-64



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that tille death certificate be executed within 24 liburs after death.

Page 4 may be retained by the hospital or attending plysician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They pages remove carbon papers. Tages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremalion, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 2DM 1/65

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		MARYLAND ST	TATE DEPA	RTMEN	T OF I	HEALTH			
VISION OF	STATISTICAL	RESEARCH AND	RECORDS, 3	01 W. PR	ESTON	STREET,	BALTIMORE 1	, MARYL	AND
1/23 200		0.55						4 8 200 11	

	00.997 Them #7 Fi	CERTIFICATE	OF DEATH	110	072
1.	PLACE OF DEATH		2. USDAL RESIDENCE (Where dec		esidence before admission)
	Minlainery	MARYLAND	a. STATE MA	b. COUNTY 776	mymery
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corr	orate limits, write RURAL	and give nearest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	nital give street address)	d. STREET ADDRESS	1 spring	
	Uneston Narsing	Heme_	10820 Sa.	arence	ON A FARM? YES ND
3.	NAME DF DECEASED (Type or print) NELLIE	RIND MAC	FARLANE 4. DATE	Month Qual	Day Year 27 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	XI I -	DATE OF BIRTH 9.	AGE of years IF UNDER	I YEAR IF UNDER 24 HRS.
<	Demole White WIDOWED	DIVORCED	9/16/1878	last birthday) Months	Days Hours Min.
1Da	Ing most of working life, even if retired)	D OF BUSINESS OR WINESTRY	11. BIRTHPLACE (County & State,		TIZEN OF WHAT
13.		TO TO THOUSE THE	14. MOTHER'S MAIDEN NAME	**C(1) **C *********************************	1. N. V.
	William K. Mar Ja	rlan	Caroline Corp	er.	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S(No.	INFORMANT	Address	-
	1:/0		cerving Home R	condo-	
	18. CAUSE DF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY;	for (a), (b), and (c).]	a lois		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	rune in	Conce see		IUK.
	Conditions, If any, which	mentered 1	To Three solves	14.	yare.
	gave rise to immediate	wanger o	Thous while	~0	0
	cause (a), stating the DUE IU Underlying cause last.				Manager P. Colored
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
N N					YES NO
CERTIFILIATION	202. ACCIDENT WAS UNDERLYING 2Db. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Pa	rt I or Part II of Item 18.)
CAL	Maria Aus	factor	E OF INJURY (Home, farm, 2Df. (y, street, office bldg., etc.)	(City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While p.m. 19 at work	Not While at work	21 an aget a mod profil e rest		
	21. I certify that (1) (this hospital) attended		files 1 , 1960, to.		, that (II) (we) last
	saw the deceased alive on 22a. SICHATURE	and that عام 19 م	death occurred at 430AM, fro		he date stated above. ATE SIGNED
	22a. SIGNATURE	en MD, M.D.	ATTENDING MED.	STAFF PHYS.	27/66.
	NAME (Type) JAMES R. COL	LATAN MO.	924/ COLUMBI	A BLUD SILVE	R SPRING. Md.
238	2 REMOVAL (Specify) D.A. a. 10/4/	23c. NAME OF CEMETERY		CATION (City, town or cou	mty) (State)
24	remation for 1 1-1706	ADDRESS / A	7	11-10[1.4.0	S SIGNATURE AR
X.	autur Naltire, 254 Carral	PUNK Wash.	DATE YEB 1	1900	9 9
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doath. Page 4 to be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Wiled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

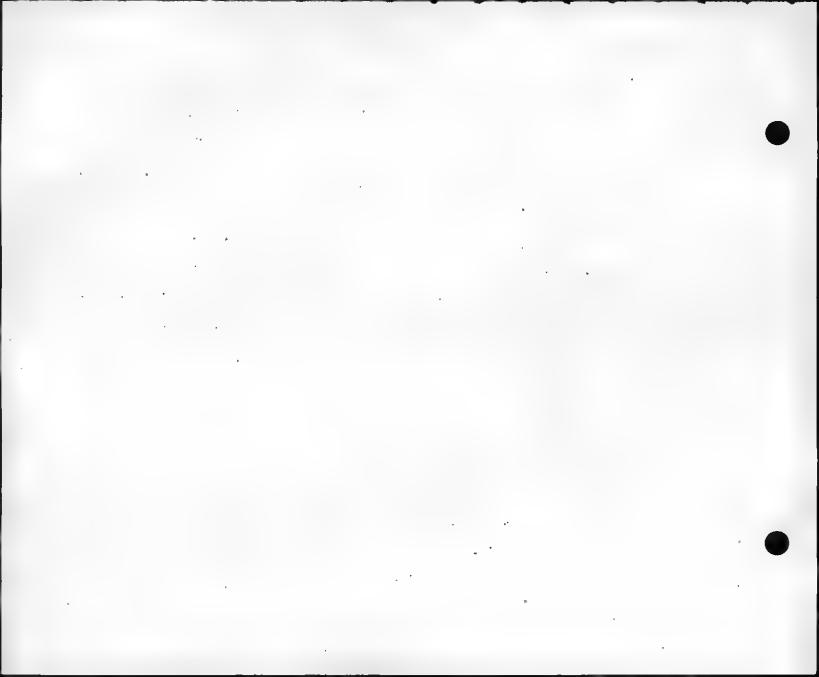
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH かりひづつ

	_00000	00010
1.	PiAbě Vřížektu a. COUNTY	2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before admission)
	Montgomery Marylan	e. STATE b. COUNTY
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown)	
-	ROCKVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street eddress)	Rural-California d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
3.	Homestead Nursing Home	YES NO C
1	DECEASED	OF DEATH
5.	. SEX Isobel Carpente	er Macon Jan. 27. 1766
	Female Caucasian WIDOWED D VORCED Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	The state of the s
13	House wife 3. FATHER'S NAME (fXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Devils_Lake, North Dakota U.S.
]	Henry A. Carpenter	Mary Carpenter
15		17. INFORMANT Address Rockville, Md.
-	18. CAUSE OF DEATH Enter only one couse geg line for (a), (b), end (c),	Robert C. Macon 311 Broadwood Dr.
	PART I. DEATH WAS CAUSED BY	Or Coursailly si
	DUE TO	SP SP Spub SP State was T SP Adding to the Adding the SP SP SP Adding the SP
	Conditions, if eny, which (b)	
	geva rise to immediate cause (a), stating the underlying DUE TO	
L	ceuse last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE PERFORMENT N
CERTIFIC	20a ACC, DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURED. (Enter neture of injury in Part I or Part II of Itam 18.)
13	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d	De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stefa)
MEDICAL	Hour a.m. While Not While et work et work	Factory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased for	from
	saw the deceased alive on /	d that death occured at
	220. SIGNATURE & BULLY	M.D ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) D.L. BUCY	309 Vell hill hid Rochielle
23		ETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
E	Burial 1-29-66 Washingto	on Natl Cem. Suitland, Maryland
	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25% REC'D BY REGISTRAR 25%. REGISTRAR'S SIGNATURE
	ROBERT A. PUMPHREY Bethesda.	Maryland FEB 4 1966 Polisales Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10	10939			CERTII	FICATI	E OF DEATH			()	0974
î.	PLACE DE DEAT a. COUNTY Monts	n omery		MAI	RYLAND	2. USUAL RESIDENCE a. STATE Lary		ed lived, If Instit b. COUNTY		ce before admission)
	write RURAL SILVE	WN (if outside corpor L and give nearest to	wn)	c. LENGTH OF ST	æ.	c. CITY OR TOWN (If	outside corpora		RURAL and g	(Ive nearest town)
		OSPITAL OR INSTITUTION Cross Hospa		ospital, give street	address)	d. STREET ADDRESS 3971 Wen	dy Lane	1.	/	e. IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print)	Julia	7 1	ANCES	Ma	Last honey	4. DATE DF BEATH	Month Jan•	2 ¹	19 66
I	sex Female	6. COLOR OR RACE	WIDOWED	DIVOR	ED 🔲	11-14-84	8	et birthday) M yrs.	onths Days	
J du	ring most of work lousekeep		kdone 10b. (NOUSTRY	OR	Washingt	on, DC,	foreign country)	12. CITIZEN COUNTR	N OF WHAT USA
1	ichael J	· MAHO				14. Mother's Maid Catherine				
	(es, no, or unkown)	EVER IN U.S. ARMED F (If yes give way or dates	of service)	SOCIAL SECURITY		INFORMANT Largaret Atk	inson	Address 3871 Wen	idy Lan	e 514.5p
		any, which any, which any, which any		line for (a), (b), and In		udial u	n faré elerose	tion	INT ON	TERVAL BETWEEN ISET AND DEATH
CERTIFICATION	PART II. OTHER					TED TO THE TERMINAL O			٧	WAS AUTOPSY PERFORMED?
		T WAS UNDERLYING T TING ☐ CAUSE OF DE DTIFY MEDICAL EXAM	ATH INER)		JURY OCCU	RRED. (Enter nature of			tem 18.)	
MEDICAL	Hour a.	INJURY Month, Day m. .m. 19	While	NJURY OCCURRED Not While at work	20e. PLA	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (Cit	y or town)	(County)	(State)
	1	eceased alive on	pital) attend					the causes an	nd on the da	ite stated above.
	22c. PHYSICIA NAME (T		Jasha	ington	M.D.	5 Zo z P	Tzefield	Rd-B	etted	2 14 hod.
23	a. AURIAL, CREM	MATION, 23b. DATE	THEREOF		ATHE	OR SNEMATORY	BAL	TIM (City, town	PE !	MD (State)
2	4, FUNERAL DIR	CHAMB	EXES I	DVC. ADDRESS	m s	DATEAN DATEAN	- 0	0/7/	ISTRAR'S SIG	MATURE mdge



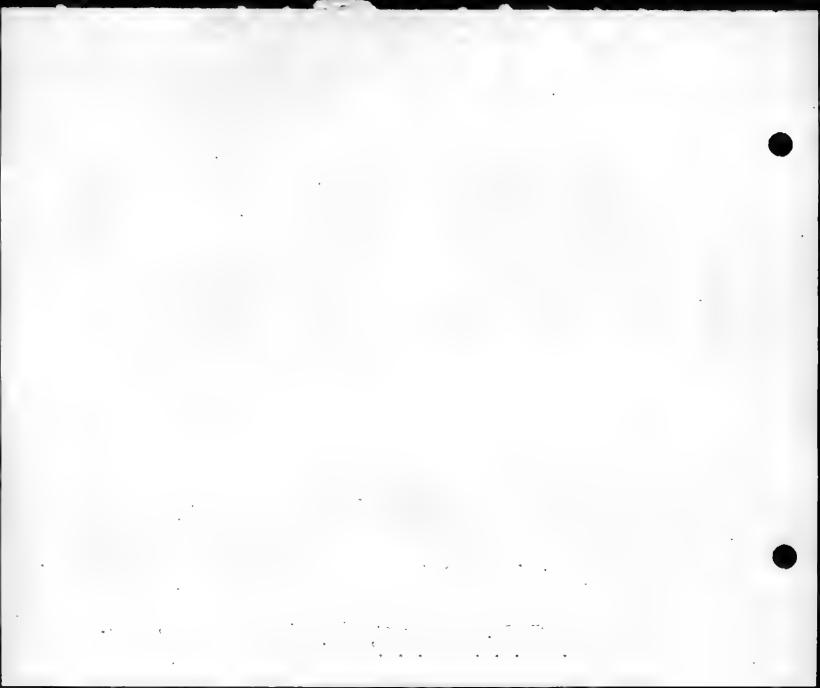
recoved within 24 hours after death.

TO FUNERAL DINICTOR. After this certificate has meen signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO NOSPITAL OF INTENDING PHYSICIAN The law requires that the death certificate be large 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_ (11.000		CERTIFICAL	E OF DEATH	i	144.745
1.	PLACE DF DEAT	Н		2. USUAL RESIDENCE (When	e deceased lived, If institution:	Residence before admission)
	a. COUNTY			a. STATE	b. COUNTY	
	1000 To	the Geouted appropriate the ite	MARYLAND	Maryland	nontgo	
	write RURAL	/N (if outside corporate limits and give nearest town)	c. LENGTH OF STAY IN 1b	C. CITT OR JOWN (IT OUTSIDE	corporate limits, write RURA	1. end gure nearest town)
	.) 1 1	esda	3 /2 hrs.	Chevy Cha.	se 15 -1	
	d. NAME OF HO	SPITAL OR INSTITUTION (if no	t in hospital, give street address	d. STREET AODRESS		e. IS RESIDENCE
	5.	/ /.		117=7 16	OP D	ON A FARM?
_		burban.		1 4757 Cheu	/	YES NO
3.	NAME OF DECEASED	First	Middle	Last 4. Di	TE Month	Day Year
	(Type or print)	Leste	r W-			21 19 66
5.	SEX	6. COLOR OR RACE 7. MAR	RIED X NEVER MARRIED	8. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
1	24/2	0 -4	OWED DIVORCED	5- 6-21-10-11	last birthday) Months	Days Hours Min.
	HEHAL OCCUPA	100.1110	LDD. KIND OF BUSINESS OR	11/BIRTHPLACE (County & S	that as favoies country) 12 (SITIZEN OF WHAT
duri	ing most of work	ing life, even if retired)	INDUSTRY	TO BIRTHPEAGE (County & S	Cocce, or foreign country) 12. C	OUNTRY?
	Builde	R	5-15	MA55.	6	1.5A.
13.	FATHER'S NAM	1E		14. MOTHER'S MAIDEN NAM	E	
	F-10	· mand		1/200 i	Backus	
15.	WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1 17.	INFORMANT	Address	
(Yes	s, no, or unkown)	(If yes give war or dates of service)		/ 4	/	
			K	ATHERINE MAN	IEV -WITE	-SAME
	18. CAUSE OF	DEATH [Enter only one cause	per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac Ar	rest		ONSET AND DON'T
Ιİ	4201			1 -		1
ш		DUE TO	Acuto Mic	recurding 1 1-10	taxation	13 km.
	Conditions, if gave rise to		Medic My	icuruiu.	Jurchen	77070
Н	cause (a), s		A 4	L- 11 1 1	0	1. 04
	underlying cau	se last. (c)	Arteriosciero	TIC HearT L	115 casp	array In
증	PART II. OTHER	SICNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	CONDITION CIVEN IN PART 1(a	19. WAS AUTOPSY
M						PERFORMED?
CERTIFICATION	202 ACCIDENT	WAS UNDERLYING 2	DD. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury	In Part I or Part II of Item 1:	
	OR CONTRIBUT	ING T CAUSE OF DEATH TIFY MEDICAL EXAMINER)	BB. DESCRIBE HOW INJURY OCC	OKKED. (Eliter haters of mjery	IN PART OF PART II OF ICEM I	0.7
	(IF EITHER, NO	TIFY MEDICAL EXAMINER)				
MEDICAL			lant.	ACE OF INJURY (Home, farm, 20 ory, street, office bldg., etc.)	if. (City or town) (Co	ounty) (State)
	Hour a.		While Not While twork at work	ory, sa eet, onice blug., etc./	1	
≥				10/12	1 1/2 21 10/	/ N. J. (1) () Joseph
Ш		1100	ttended the deceased from		10 4 1121 -1 , 190	that (!) twe) last
H		ceased alive on You	1966, and the	at death occurred at/	, from the causes and on	
	22a. SIGNATU	RE//////	./5	ATTENDING MED.	STAFF 22b.	DATE SICNED
П		Vanis a	(an M		R PHYS.	2//60
	22c. PHYSICIA NAME (T	AN'S		22d. ADDRESS	1 1 0	4 1 1 1 11
		/	/	5913 Lec	ar Lane- be	Thesau mo.
23a.	BURIAL, CREA	AATION, 236. DATE THEREO	F 23c. NAME OF CEMETER	Y OR CREMATORY 23d.	LOCATION (City, town or co	ounty) (State)
	REMOVAL (SP	edfy) 1-24-196	SE Wiromina C.	motor. M.	elrose Maga	
	FUNERAL DIR		T AMBREC T	OL OCA DECID BY D	ECISTRAR I 250. REGISTRAI	'S SIGNATURE
		- OO O DIT AL	ler's ADBESS, I	nc.	1000 301 0	/1
1	513 0 Wi	isc. Ave.N.W.	Wash.D.C.	DATE	1350 1300	er judge

VR AIS (4) 20M 1/65





TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 this be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remover carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any Town, within 72 hours after death.

VR A15 (4) 15M 7-62

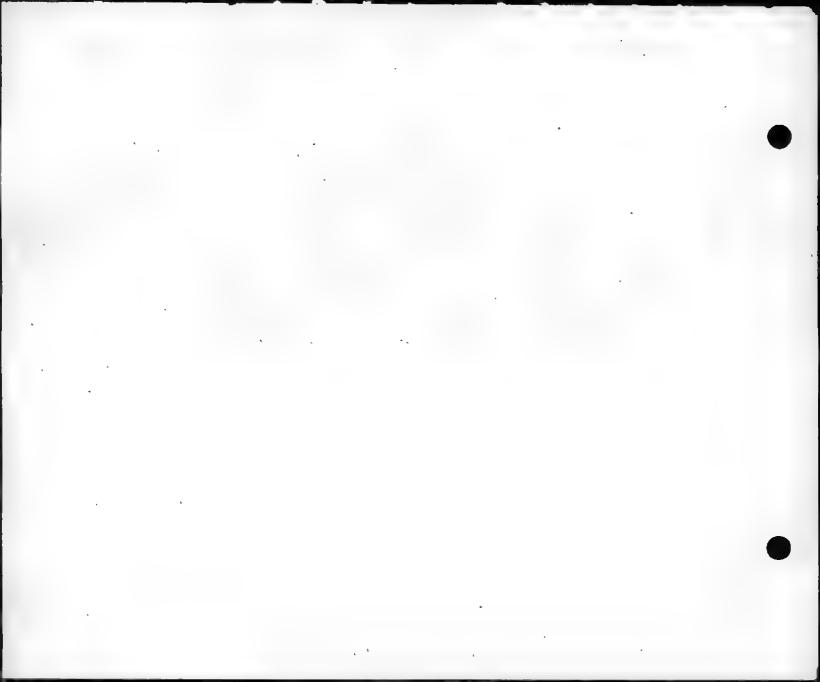
1	DIVISION OF STATISTICAL RESEA	CERTIFICAT	E OF DEATI	H	NORE I, MAR	1/1975
	OT DOT			E (Where deceased lived, I	A tentantine Building	Little Maintain
	a. COUNTY	Ti di	- STATE	b col		
	Montgomery	MARYLAND	Mary	land "co	Montg	omery
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	E. CITY OR TOWN (H	foutside corporete ŝimits, wr	ie RURAL and give n	eerest town)
	Bethesda	3 months	Bethe	esda		,
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital, give street eddress)	d. STREET ADDRESS	er somme		. IS RESIDENCE ON A FARM?
	LO412 Montrose Ave.		10412 Mor	itrose Ave.		YES NO TO
	NAME OF First	Middle	Lasi	4. DATE Mon	ih Day	Yeer
	OF SOPE	tiA MAN	wiNG	of DEATH JA	n. 6,	19 66
5.	The second secon	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR	
	F- 1.3		May 12, 188	last birthday)	Months Days	Hours Min.
100	. USUAL OCCUPATION (Give kind of work 10b. KI	DIVORCED USINESS OR INDUSTRI			7 24	F WHAT COUNTRY?
do	ne during most of working life, even if retired)		_			_
		h.Steel Co.	Penna.		U	. S.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN			
	(Unknown) Urban		Mary Sc		nown)	
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 18, no, or unknown) (If yeargive war or dates of service)	SOCIAL SECURITY NO. 17, 11	NFORMANT Daus	thter Addre	Same as	Item 2.
1		ne Mrs		. Crum	Jame as	
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (e), (b), end (c).)				ERYAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CAG	DA DAIGS	REST		V	no taret
1	4330 DUE TO					
	Conditions, if any, which	in insulation	ar carde	iovasinga	· dei (112 -
	gave rise to immediate cause	- 100 3000001	TO GO O			1000
	(e), stating the underlying DUE TO					
_	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION G	IVEN IN PART 1(a) 1	9. WAS AUTOPSY
Î	CA CONSISTENCE CONTINUES CON	-4110	100 d have	Dies. Val	! n · /	PERFORMED?
₹	moral and	11002 21	centy fac	curo f or	unery y	YES NO Z
CERTIFICATION	208 ACCIDENT WAS UNDERLYING 2087 DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER,	CRIBE HOW INJURY OCCURED.	(Enter nature of/injury 'n I	and I or Part II of Item 18.)	/	
		MINION ACCUMPNO OF THE	or our shallow sales of	1.701 (Ch town)	(County)	(State)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While		CE OF INJURY (Home, farm bry, street, office bldg., etc.		(County)	[31919]
WE		t et work				
	21. I certify that (I) (this hospital) attended	led the deceased from	OCH	1965, 10.6 Ja	25 1966, tl	hat (I) (🌉 last
	saw the deceased alive on.	QC , 19.6.5., and that	death occurred a	PA, from the causes	and on the date	a stated above
	C228. SYGNATURE	J		AED, STAFF	11.1	22b. DATE SIGNED
	HOTHER (U) DOM	Jen. "	D. PHYS	RECTOR PHYS.	1/6/0	06 -
	22 . VHYSICIAN'S		22d. ADDRESS	2000	01.5	
	NAME (TYPO) HORACE WAL	seknjon, n	19 4743 B	KADLEM 1	SCND !	Sex in
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City,	own or county)	(Stale)
Bi	REMOVAL (Specify) 17181-transit 1-7-66	St. Mary's	Cemetery	Dauphin C	ounty. P	enna.
_	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D DY REGISTRAR 256.		
_		ethesda. Mar	vland MAN	10 1966	north In	edigta
	The state of the s	COLICO COLO CALLE	J TOTAL DAIR			9

MARYLAND STATE DEPARTMENT OF HEALTH

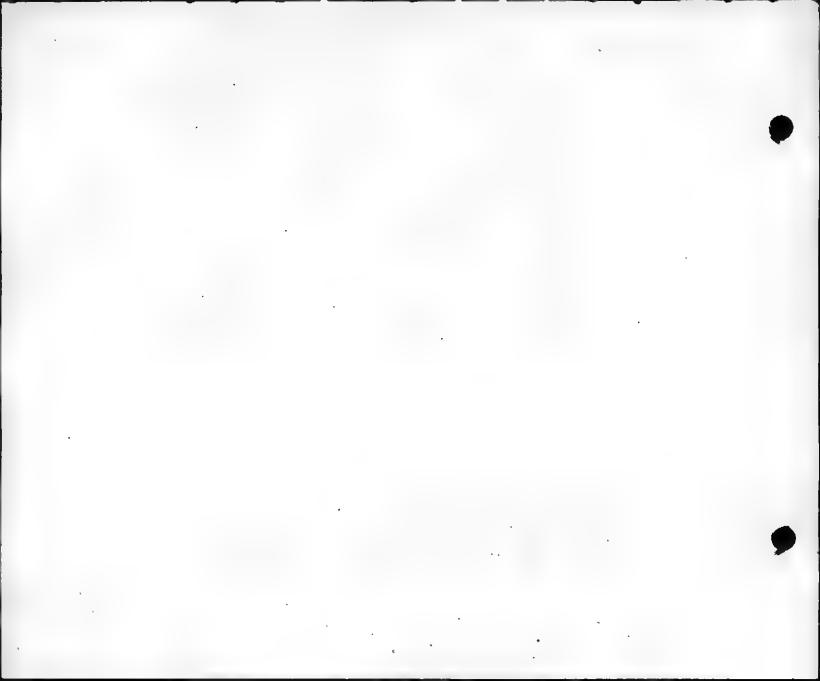
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0	01003 CERTIFICATE OF	DEATH 02510
V	1	a. cpontr ,	ACRESIDENCE (Where deceased lived, If Institution: Residence before admission) TATE b. COUNTY Navyland Nowtgonerst
1			OR TOWN (If outside corporate limits, write RURAL and give negrest town)
1	1		ET ADDRESS ON A FARM?
,	3.	3. NAME DF First Middle Las	4. DATE Month Day Year
	5.	THAT REDNIE MAININ	OF BIATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Ist Dirthday) Months Oays Hours Min.
	108	103. USUAL OCCUPATION (GIVe kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR II. BIRT INDUSTRY	THPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	13. FATHER'S NAME 14. MOT	THER'S MAIDEN NAME
	15 (Ye	15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	1 171
	_	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	AM 5 MARKING CHURCH KOOD INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (6) CARCINO (7)	mit to Mante 1 ms
		gave rise to immediate cause (a), stating the DUE TO	magen
	CATION		E TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO 7
~	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ter nature of Injury in Part or Part of Item 18.)
	MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour a.m., While Not While at work at work	JRY (Home, farm, office bidg., etc.) 20f. (City or town) (County) (State)
		21 Tcerdfy that (I) (this hospital) attended the deceased from // 0 saw the deceased alive on // 22 and that death occ	courred at 3 24 AM, from the causes and on the date stated above.
		22a. SIGNATURE ATTEND M.D. PHYS.	DING DIRECTOR PHYS. 22b. DATE SIGNED
1		NAME (Type)	ADDRESS
Q		238, BURIAL GREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMA REMOVAL (Specify) 2-2-66 HARMON X 24. FUNERAL DIRECTOR ADDRESS	IPRGEO'S CO, M.D.
0	Z	FUNEZIEVS 389 R. I AVE. N. W. WASH, D.C.	DATE EB 8' 1968 Allanles Judge

VR AI5 20M 1/ 5 (4) 1/65



VR AI5 (4) 20M



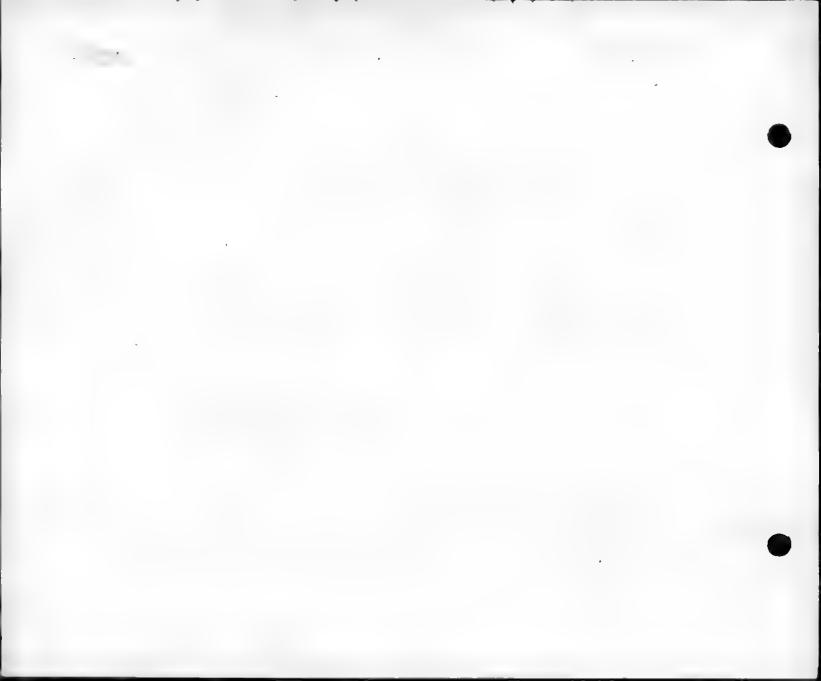
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE ely filled in by the funeral fron papers. Pages 1 and 2 within 72 hours after death. ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) COUNTY COUNTY MARYLAND c CITY OR TOWN (If outside corporate limits, white RURAL grid give nearest town) baCITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 116 write, RURAL and give nearest town) within 24 haurs d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e, IS RESIDENC d STREET ADDRESS. ON A FARMS NO K NAME OF Middle Lost DATE Dov Yedr DEPTTSED OF DEATH (Type or print) 19 executed SEX AGE An years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) burial, crematian, ar removal, and in any WIDOWED DIVORCED gud 100 USUAL OCCUPAT ON (Give kind of work done KIND OF BUSINESS OR 12 C TIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) physician o COUNTRY ? 13. FATHER'S NAME INFORMANT WAS DECEASED EVER 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEET signed by the burial-transit ONSET AND DEAT PART I. DEATH WAS CAUSED BY 105CLEROTIC IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse by the haspital or attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS'
PERFORMED? use director, page 3 should be detached for use should be filed with the State Dept. of Health YES 🕡 NO **DIRECTOR:** After this certificate ge 3 shauld be detached far us OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CLICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc.) While Not While ot work certify that (1) (this hospital) attended the deceased from 1964+ 10 2-X be retained 1900 and that death accurred at 122 M, from causes and on the date stated above saw the deceased glive an_ 220/STONATURE 22b DATE SIGNED STAFF M.D. DIRECTOR PHYS PHYS 22d ADDRESS 22c PHXSICIAN 5 TO HOSPITAL **FUNERAL** W. BERNTON RADLE 230 BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) 250 REC'D BY REGISTRAR **BEGISTRAP S SIGNATURE**

FATE B

FUNERAL DIRECTOR

VR A15 (4)

20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death contificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending hysician and completely filled in by the fuperal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 And should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Dept. VR A15 (4) 15M 4-64

	MARYLAND STATE DI DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, E	BALTIMORE 1, MARYLAND
	01006 CERTIFICATION		0.8011.0
1.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased a. SJAJE	b. COUNTY:
	b. CITY OR TOWN LIF OUT THE HINTER C. LENGTH OF STAY IN 11 write PIPPL and the peacet town.		ate limits, write RURAL and give nearest town
0	Write RURAL and give nearest tokin) SIVER SPRINGS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	Silver SpRIA	UGS 16, IS RESIDENCE
#	of Cross Hospital of Silver Sprike	ss) d. STREET ADDRESS	TOOK DRIVE YES NO X
3.	NAME OF DECEASED (Type or print) John MC Cirk MC	Causian d DATE OF DEATH J	Month Day Year
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 8. DATE OF BIRTH 19. AG	SE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. st birthday) Months Days Hours Min.
100	AALE White WIDOWED DIVORCED DI	1 10-19-1890 13	5 yrs. Days Hours Min.
dur	ring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or fo	COUNTRY?
13.	Retired Dentist Dentisty	14. MOTHER'S MAIDEN NAME	
	lliam H. Mc Causland	Laura Bell Hoop	
15. (Ye	es, no, or unkown) (If yes give war or dates of service)	7. INFORMANT Mary Virginia Mc Caux	Address 10202 Southmoor
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	To do a	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	dromboses	8 days
	Conditions, if any, which gave rise to immediate DUE TO	artenoscleur	
	cause (a), stating the DUE TO		•
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITI	IONGIVEN IN PART 1(a) 19. WAS AUTDPSY
FICAT	Citterios de soit de sare	with frior mysea	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of Injury in Part I	or Part II of Item 18.)
MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City actory, street, office bidg., etc.)	y or town) (County) (State)
2	21. I certify that (I) (this hospital) attended the deceased from.	, 1948, to fa	1966, that (1) (we) last
	saw the deceased alive on 16, 1966, and the	that death occurred at 11 224M, from t	the causes and on the date stated above.
	LOR Jones SAL	M.D. ATTENDING MED.	STAFF D Jan 16, 1966
	22c. PHYSICIAN'S, NAMED Type nex Leventhal, M.	0 9210 Colesville	11 41 6
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	ERY OR CREMATORY 23d. LOCAT	FION (City, town or county) (State)
24	Eurial 1-18-66 Rock Creek FUNERAL DIRECTOR & ADDRESS	Cemetery Wash	ington D C
10	Varner E. Pumohrey Inc. Silver Spring.	Huenne JAN 24 199	36 Jelianles Judge
-	ACCOUNT TO SECOND TO SECON		



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ecuted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

15			
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
	e. COUNTY	a. STATE 230 . b. COUNTY	well.
I-	MARYLAND MARYLAND		Jonas
	b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give mearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL e	and give nearest town)
	2 6000	Steller the	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	LA IS RESIDENCE
١.	i/ a/	C. STREET ADDRESS	ON A FARM?
12	silvelisely Million Home	1822 Tealer St	YES NO
3.	NAME OF First Middle 1-C ad T	rah Lest 4. DATE Month	Day Year
	(Type or print)	MACO OF OF THE COLOR ? DE	willed
-	The state of the s	Me Just DEATH fun 1	1966
3.	SEX 6. COLOR OR RACE 7	8. DATE OF BIRTH 9. AQC (In years IFUNDER 1	
	WIDOWED TO	12 e 24 1883 0 yrs. Months	Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	, 0 0 - 3	TIZEN OF WHAT
đu	ring most of working life, even if retired) INDUSTRY		UNTRY?
	(1)+ huma	Washington de C U	S 17
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	When represent	Marikel	
I	July ande	Many Commen	
1	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unknown) {(If yes give war or dates of service)	INFORMANT Address,	Ita China
	578-48043.4	1. Perptt i lei a con	10000
	47- 100134	Strick Snx	in Carling
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	4	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5EPTICE (7)	IA.	0.1001 1010 0.0111
	Pm 27 A 1		
	Cenditions, If any, which \ DUE TO BRUEL MY	30.583.	
	gave rise to immediate (b)	1.003	
	DUE TO	,	
	underlying cause last.	161/15.	
18	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEN TO THE TERMINAL DISEASE CONDITION CIVEN IN BART 1(2)	119. WAS AUTOPSY
CERTIFICATION	THE THE PROPERTY OF THE PARTY O	(TED TO THE TERMINAL DISEASE GONDITTON GIVEN INTERNITIO)	PERFORMED?/
2			YES NO
12	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part or Part II of Item 18.)	
155	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
S		CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	ity) (State)
MEDICAL	Willie NOT WAITE	ay, sa eer, omce bidg., erc.)	
Σ	p.m. 19 at work at work		4
	21. I certify that (I) (this hospital) attended the deceased from	EC 24=, 1965, to Jan 3=, 196.	$\underline{\boldsymbol{b}}$, that (I) (we) last
	saw the deceased alive on $\frac{1}{4}$ $\frac{3}{19}$ $\frac{19}{66}$, and that	t death occurred at $(30)^2$ M. from the causes and on the	e date stated above.
	22a. SIGNATURE		TE SIGNED
1	Miler & Kramer	ATTENDING MED. STAFF	3-1966
1	111.12		3-17-10
1	22c. PHYSIGIAN'S NAME (Type)	22d. ADDRESS	1)1
	(* ***).	8707 10-04. 00	1014
23		OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
	REMOVAL (Specify)		(********
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	emotory 1-1 1 1 1 1	0.0112710
24		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
1	THE THE STATE OF THE STATE OF THE PART P	MAN I U 1966 Kertenter	Judas.
1		DATE	1



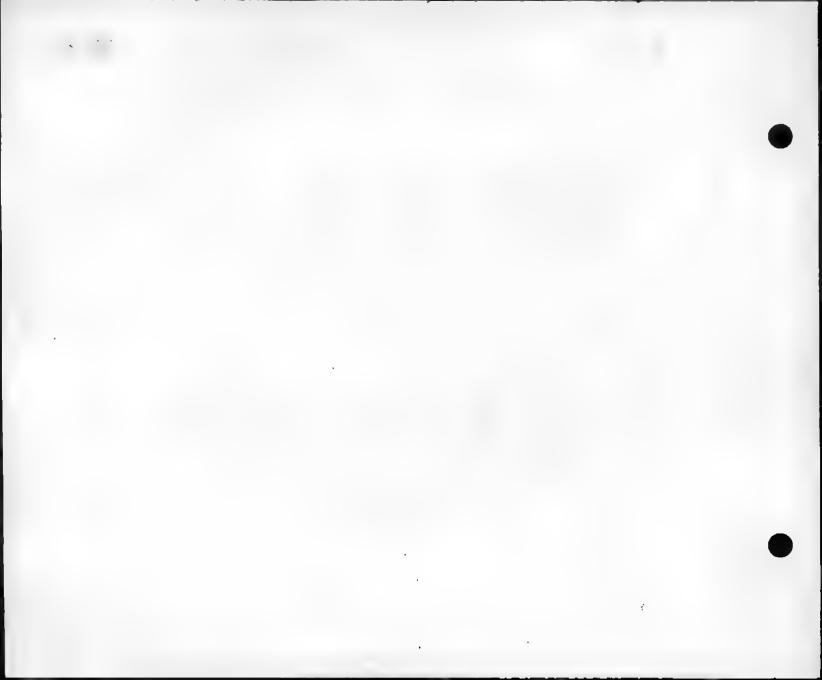
MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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	(1008	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No. (1) (1) (1)
i _s	1. [place of Death Acounty Vontgomery	MARYLAND	2 USUAL RESIDENCE (WHO BE STATE	b. COUNTY	on Residence before admissions Montgomery
		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write R	
		Silver Spring	11 days	Silver S	prina	12 /
		d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
8		Holy Cross Hospital		601 Slig	o Avenue	YES NO R
,		NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Doy Year
		(Type or print) Alice	Nancy	Mc Kenna	DEATH Januar	ry 5 19 66
	5 5		IED MEVER MARRIED	B DATE OF BIRTH	9 AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HPS.
	9	emale White WIDOWI	D DIVORCED	Sept 22, 1886	79 yrs	Months Days Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	Own home	Conn.	or foreign country)	U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
		William H. Downes		Nancy 9.	Jues	
		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 no or ynlandwn) [If yes, gwa war or dates of service] OU NONE	2 05 2024 8	Uiam 7. Mc K	enna 5:1.100	Tark Crest Drive
2	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. In Hour o. m. While	CRIBE HOW INJURY OCCURRED NOT While NOT While Of Work Of Work Dear To Built Of Work Dear To Bui	CE OF INJURY (Hame, form tory, street, office bldg, etc.	Part I or Part II of item 18.) 20f. (City or town)	(County) (State)
	220	PHYSICIAN'S George Sha NAME (Type) George Sha BURIAL CREMATION, 1226 DATE THEREOF	The NAME OF CEMETERY O	Kensw	y to 1	(State)
,		REMOVAL (Specify) Surval 1-8-66	Gate of Heavy	en Cemeteru	Silver Sprin	ac Manuland
3	10	FUNERAL DIRECTOR'S SIGNATURE Gertes arner E. Pumphrey. Inc.	ADDRESS 8434 Georgia 1 Silver Spring		D BY REGISTRAR 246 REGIS	STRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH a. COUNTY / USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY STATE, physiciant completely filled in by the find please, replace around papers. Pages 1 val, and in the event, within 72 hours after 24 hours after antisamile MARYI AND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR JOWN (If outside corporete limits, write RURAX and give nearest town) c. LENGTH OF STAY IN 1b nedian 122 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO C YES executed within NAME DE First Middle 4. DATE & Month Day Year Last DECEASED OF CU (Type or print) DEATH 19 DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDDWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR ANDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician. COUNTRY? Will men 9 FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10 FUNERAL DIRECTOR: After this certificate has been signed by the attent director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r (Yes. no. or unkown) | (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA WAS AUTDPSY ERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? NO P YES [20a. ACCIDENT WAS UNDERLYING DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Port 1 or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm. (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE STONED ATTENDING M.D. PHYS. DIRECTOR Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Oity, town or county) (State) 23a. REMOVAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

15M 4-64



death.

within

funeral and 2 and 2 death. etely filled in by the furbon papers. Pages 1 a within 72 hours after d c≡m≡letely carbon and complet remove, carb in any event, v Ξ hysiciam please r and <u>a</u> been signed by the atten≣ing ⊪h the burial-transit permit. Then i ir to burial, cremation, or removal as th has for use Health r this certificate h detached for use te Dept. of Health hospital or be de State After Id be d retained OIRECTOR: A age 3 should lied with the 5 P. 90 TO FUNERAL OIRE director, page 3 should be filed v 4 may

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Montaomeru Maryland. Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits; write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Silver Spring d. STREET ADDRESS 9201 Sudbury Road 9201 Sudbury Road 3. NAME DF DATE Month First Middle DECEASED ELLOV oseph DEATH (Type or print) anuary 6. COLOR OR RACE 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months I Dec 29, 1881 White Male WIDOWED 🔽 84 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Retired Machinist

13. FATHER'S NAME idvale Penna 14. MOTHER'S MAIDEN NAME Margaret Deplopped John Mellou 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes tive war or dates of service) Mrs. Marguerite Burke PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 165A **DUE TO** (b) DUE TO 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While at work at work 3 to JAN 21. I certify that/(I) (this hospital) attended the deceased from

9201 Sudbury Road INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause/per fine for (a), (b), and (c).] ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO V YES T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year (County) and that death occurred at 45 MM, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE 22b. ATTENDING DE MED. PHYS. DIRECTOR 22c PHYSICIAN'S ADDRESS 22d. NAME (Type) Raymond O. 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23a. REMOVAL (Specify) Burial -13-66 emeteru FUNERAL DIRECTOR 'REC'D BY REGISTRAR 25a. Georgia Huenne

e. IS RESIDENCE

YES |

10

Days

12. CITIZEN OF WHAT

115

COUNTRY?

ON A FARM?

Year

19

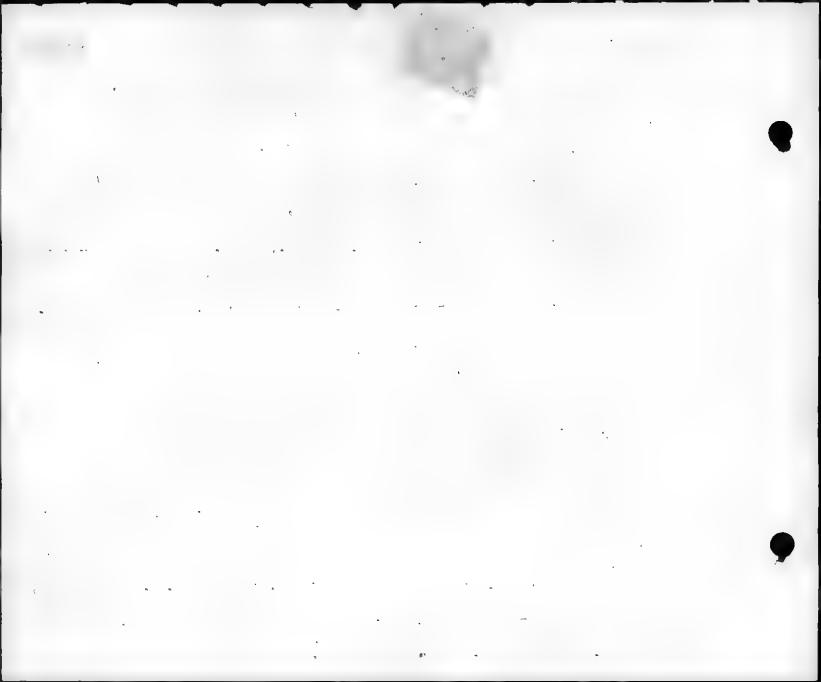
Hours

NO D

66

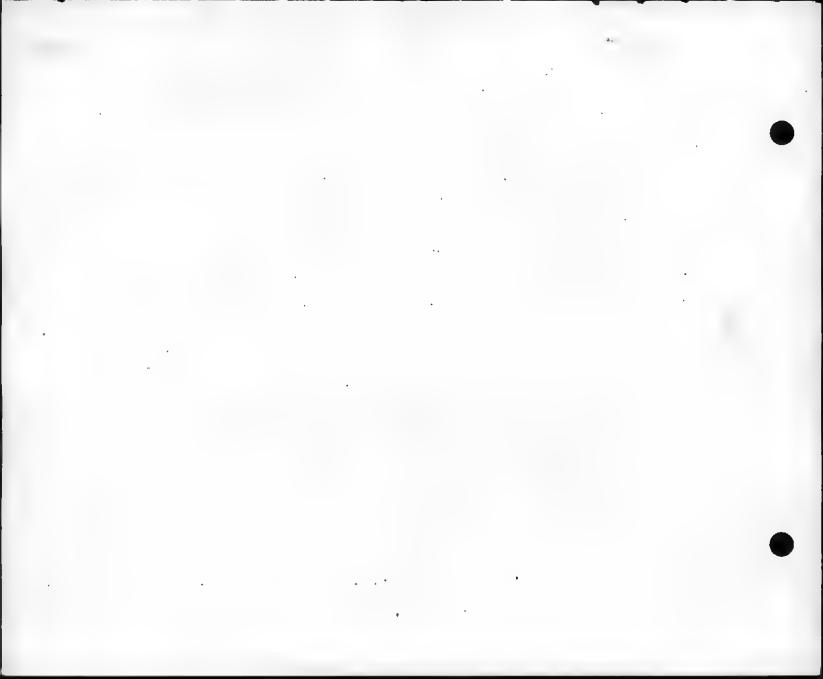
VR AI5 (4) 20M 1/65

ATTENDING



		MARYLAND STATE DEPARTMENT OF HEAL	TH
1	DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLANI
100	01011	CERTIFICATE OF DEATH	DC.

3	100			CERTIFICATE	E OF DEAT	H	1	65.85
	1.	PLACE OF DEATH				NCE (Where deceased lived, If ins		e before admission)
		a. COUNTY	Montgomery.	MA DVI TUB	a. STATE	b. con	TY	
		b. CITY OR TOW	N (if outside corporate lighits.)	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	if outside corporate limits, wr	ite RURAL and gi	ive nearest town)
		write RURAL	and give nearest town)	6 weeks		,	7	1 13 1
		d. NAME OF HOS	SPITAL OR INSTITUTION (if not in		d. STREET ADDRES	TINGTON	0 -4	e. IS RESIDENCE
		0 -				104.		ON A FARM?
41		70		Justing Some	1722			YES NO
	3.	NAME OF DECEASED	First	Middle	Last	4. DATE Monti	n Day	y Year
		(Type or print)	MAUDE		EKRICK	DEATH Jan	. 14	4 1966
ı	5.	SEX	6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours Min.
- 1			WIDOWE		11/22/7	4 91 yrs.		
	10a dur	. USUAL OCCUPAT	ION (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	
		Secreta	Rad	lio, Television	Iowa		4,	
_:	13.	FATHER'S NAM	E	Manf.Assoc.	14. MOTHER'S MA	IDEN NAME		
G G		Thomas	E. Cavin		Emma L	Ptold		
N	15.	WAS DECEASED I	EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITYNO. 17.	INFORMANT	Bethesdaddre	s Mary I	and.
읾	(Te	no, or unkown)	(If yes give war or dates of service)	77 05 8873A M	Irs. Mario	rie Geddes,43	100 Ba -	and Blud
유	-		DEATH [Enter only one cause per			doddeby 15	- 1/-	ERVAL BETWEEN
Q			ATH WAS CAUSED BY:	0	1. T. 7.	elan	ON	SET AND DEATH
rz-4		. /	IMMEDIATE CAUSE (a)	engastive He		cun		med.
Conditions, If any, which) DUE TO Arter relevative Carsternarenter Green								2
Q		Cenditions, If		mus mayer	. Carres	mound bu	Let Sugar	o gro
ਾਹ		cause (a), st	ating the DUE TO	generalized	arter			3
je	z	underlying caus		11000				- Alexandra
4	2	PART II. OTHER S	IGNIFICANT CONDITIONS CONTRI		TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
† 1	윤	Cent	al Thirmhis		shight,	lift hemigion	22 Y	ES NO
2	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING 20b. NG CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature	of injury in Part I of Part II o	f item 18.)	
Д	- 1	(IF EITHER, NO	TIFY MEDICAL EXAMINER)					
릐	MEDICAL			Factor	CE OF INJURY (Home, ry, street, office bldg.,	farm, 20f. (City or town)	(County)	(State)
Ø	딭	Hour a.n	4411	18 - NOT WITH - 1	,, sa cca, s mos siag.,			
m			y that (I) (this hospital) atter		January	1958 to 1-14-	1966	hat (I) (we) last
	- (ceased alive on			50. M, from the causes		
집		22a. SIGNATUR					22b. DATE SI	GNED
-	- 1		Ydewin ()	O-Carker M.D.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	1-14-6	.6
		22c. PHYSICIA		III.D.	22d. ADDRESS	DIALDION CO TITO: CO		
		NAME (T)	pe) Edwin P,	Parker, M.D.	2015 R	St.NW. Wasni	ngton.	D.C.
	23a	. BURIAL, CREM	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	The second second	(State)
1	C	REMOVAL (Spe	ecify)	66 Cedar Hill	Chamata	ry Suitland.	Marvla	and
2		FUNERAL DIRE		ADDOFOO		EC'D BY REGISTRAR 25b. R	EGISTRAR'S SIGN	NATURE
R	1	1 ist A	K. Justinia	WASH 1	DAULA	N 19 1966 80	licarley &	udge.
	10	10 6.5 14.	WILL NO . E	4 470 T	DAUET	11 70 1000	-//	4



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death, 10 HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate toe Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 2DM 1/65

PHYSICIAN'S NAME (Type)

Ronald

T.

Rolley,

22c.

MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
01019 CERTIFICATE OF DEATH BUSE									
1.	PLACE OF DEATH	1	2. USUAL RESIDENCE	Where deceased lived, If Institution	: Residence before admission)				
	a. COUNTY		a. STATE	b. COUNTY					
	Montgomery MAR	YLAND	Washin	igton, D.C.	At and also pages town				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town						
	Bethesda 10 Days		4402 Bowe	en Road, S.E. /					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	d. STREET ADDRESS	,	e. IS RESIDENCE ON A FARM?					
	The Clinical Center, Bethesda 14,	Md.	Washington	n. D.C.	YES NO X				
3.	NAME OF First Middle		Last 4	. DATE Month	Day Year				
	(Type or print) Robert Howard	M	letcalfe	OF DEATH January	15 19 66				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	ED X 8	B. DATE OF BIRTH	9 AGE (in years LIFTIND	FR 1 YEAR HELINDER 24 HRS				
	Male White WIDOWED DIVORCE		28 November 1	last birthday) Month	s Days Hours Min.				
1Da	USUAL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS O)R	11. BIRTHPLACE (Count	y & State, or foreign country) 12.	CITIZEN OF WHAT				
aur	Ing most of working life, even if retired) Student		Washington,	ת מ	USA				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN		UDA				
	Charles H. Metcalfe		T23	. Characteristic					
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N	IO 17		Curtin					
(Ye	s, no, or unkown) (If yes pive war or dates of service)		. ALIC ME	edical Records					
	No None		Clinical Cer	nter, Bethesda 1					
- 1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and				INTERVAL BETWEEN ONSET AND DEATH				
-1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonas	30 Minutes							
	DUE TO								
ì	Conditions, If any, which) Uremia	ia			3 months				
	gave rise to immediate Cause (a), stating the DUE TO								
	underlying cause last. (c) Solitary hypot	16 years							
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	(a) [19. WAS AUTOPSY							
8					PERFORMED?				
틸	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJUDENCE OF DEATH	URY OCCU	RRED. (Enter nature of In)	ury in Part I or Part II of Item	langly transit				
S	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED	20e. PLAC	CE OF INJURY (Home, farm,	2Df. (City or town) ((County) (State)				
MEDICAL	Hour a.m. While - Not While -	factor	y, street, office bldg., etc.)	(5.7)	,				
Σ	p.m. 19 at work at work		*	7 . 3 = 3	((, , , , , , , , , , , , , , , , , ,				
	21. I certify that A) (this hospital) attended the deceased	from	January 196	o, to 15 January19	that 10 (we) last				
	saw the deceased alive on 15 January 19 66,	and that			1 the date stated above.				
	ZZZZ SIGNATURE		ATTENDING MED	1					
	conset ! . I Colle	M.D.	PHYS. DIR	ECTOR PHYS. XX 16	January 1966				

ADDRESS

Clinical

Center,

REGISTRAR

Bethesda 14

National

(State)

LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY DATE THEREOF 23c. 23a. 23b. 23d. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. SE HAHBERS 2



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.

01013 CERTIFICATE OF DEATH						
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
Montgomery MARYLAND	Maryland b.county Montgomery					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Silver Spring	Silver Spring / - /					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS e, IS RESIDENCE					
807 Stirling Road	807 Stirling Road ON A FARM?					
3. NAME OF First Middle	Last 4. DATE Month Day Year					
DECEASED	OF -					
78 280	1111er DEATH January 25 1966 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.					
V. MAKKIED TE MEASE MAKKIED	last birthday) Months Days Hours Min.					
Male White WIDOWED DIVORCED	10-21-1883 82 yrs.					
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	COUNTRY?					
Brick Mason & Tile Setter	Michigan U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Louis Miller	Elizabeth Felbel					
(Yes, no, or unknown) ((If yes give war or dates of service)	irs. Frances M. Witkop, S.E.,					
No 577-10-9543 N	irs. Frances M. Witkop, S.E.					
1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Conges	tive Heart Failure ONSET AND DEATH					
1561 DUE TO	7 1					
Cenditions, if any, which \ (b) \(Mail \) \(\frac{1}{2} \) \(\f	of Liver 2Ms					
gave rise to immediate cause (a), stating the DUE TO						
underlying cause last. (c)						
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
CAT	YES NO					
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1 of Item 18.)						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour a.m. While Not While factory, street, officebidg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from November 1965, to 705.25, 1966, that (I) (we) last						
saw the deceased alive on 1974, and the	saw the deceased alive on 1/3.5 1966, and that death occurred at 60M, from the causes and on the date stated above					
Darold Theren M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1/						
22c. PHYSICIAN'S NAME (Type) Harald He1903	22d. ADDRESS 1735 Eye S+NW					
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
REMOVAL (Specify)						
Removal 1-28-1966 - Sargac, Michigan 24. FUNERAL DIRECTOR - ADDRESS 125a, REC'D BY REGISTRAR'S SIGNATURE						
Mosoph Gawler's Sons, Inc.						
5130 Wisc. Ave. N.W. Wash. D.C. DATE EB 1 1996 4						



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy can and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plase a should be detached for use as the burial-transit permit. Then plase a carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

J		DIVISIO	N OF STATIST	CAL RESE	ARCH AND RECO)RDS	, 301 W. PRESTO	N STREET	r, BALTIMORI	E 1, MAR	YLAND	
}		01014			CERTIFIC	ATE	OF DEATH				0098	8
4	1.	PLACE OF DEATH				ì	2. USUAL RESIDENC	E (Where deci			ence before a	imission)
1			gomery		MARYLA	ND I	a. STATE Marv	land	b. COUNTY		comer	U7
1		b. CITY OR TOW	N (if outside corporand give nearest to	ate limits,	c. LENGTH OF STAY I		c. CITY OR TOWN (If	outside corp	orate limits, write	RURAL end	give neare	t town)
1			Chase	,	4 years		Chev	v Chas	se		, '	/
		d. NAME OF HOS	PITAL OR INSTITUT	ON (If not In I	nospital, give street edd	iress)	d. STREET ADDRESS				6. IS RES	
쇰		_5123_E	radley B	lvd.			5123 Bra	<u>dley F</u>	3lvd.		YES	NO
	3.	NAME OF DECEASED		First	Middle		La st	4. DATE	Month		Day Ye	ar
1		(Type or print)	Carolyn		Reed		MILLER	DEATH	January	- 1	196	56
1	5.	SEX	6. COLOR OR RACE			1 8	. DATE OF BIRTH	9.	ACE /In vagre ITE	UNDER 1 YE	AR IFUNDE	24 HRS.
1	T o	o Low	White	WIDOWED		_	Nov. 1. 1	088	last birthday) Me	onths Day	S Hours	Min.
1		male				<u> </u>	11. BIRTHPLACE (Co		3001	12. CITIZ	EN OF WHAT	
-	dur			ed)	KIND OF BUSINESS OR INDUSTRY					COUN	TRY?	
-[Housewi					Fairmoun	C. W.	Va.	U.S.	A.	
-1	13.	FATHER'S NAM	E				14. MOTHER'S MAID					
-		Thomas					Harrie	t Turi	ney			
	15.	WAS DECEASED	EVER IN U.S. ARMED F (If yes give war or dates	ORCES? 16	. SOCIAL SECURITY NO.	17.	INFORMANT		Ad31192	3 Bra	adley	Blv
1	(10	No	(11 les file um at nutes	17	73-18-3084	Mr	s. Harrie	t M. H	lvre.Che	vy Ch	nase.	Md.
ı	ï		DEATH [Enter only o		line for (a), (b), and (c).					1 11	NTERVAL BE	TWEEN
1			ATH WAS CAUSED B		11151016	-	CACHE	X/A		15	WISET AND	DEATH
1	-1	11.	IMMEDIATE CAUS	E (a)	11-12-12-12		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/			3[OV	4213
			1	E TO	00 10 40		5-				YEAL)
H		Conditions, If		(b)	KCINOMA	-	DE TIC	MACH			T C JA	
		cause (a), si		E TO								
1		underlying caus		(c)								
	CERTIFICATION	PART II. OTHER S	GIGNIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	DISEASE CONT	ITIONGIVEN IN PA	RT 1(a)	9. WAS AL	
	CA	ARTE	FRIDSCLI	FRASI	c Gra	STOR	AN AND	CG	REBRAL		YES 🗍	NO X
	틝	20a. ACCIDENT	WAS JINDERLYING F	7 20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	Injury In Pa	rt I or Part II of I	tem 18.)		-
	E E	OR CONTRIBUTI	NG CAUSE OF DETIFY MEDICAL EXAM	ATH INER)								
- 1			INJURY Month, Day		INJURY OCCURRED 120	e. PLA	E OF INJURY (Home, fa	rm. 20f. (City or town)	(County)) (State)
	MEDICAL	Hour a.r		While		factor	y, street, office bldg., e	tc.)	···, ·· · · · · · · · · · · · · · · · ·	(000000)		
	불	p.i		at wor	k at work							
		21. I certif	y that (I) (this-ho:	spital) attend	ded the deceased fro	m_ A £	KIL 14 , 1	دەt <u>, كې و</u>	/AN. 2	<u> 196 كو</u>	, that (I) (re) last
1		saw the de	ceased allve on 2	FC, 24	<u>1945</u> , an	d that	death occurred at	M, fro				above.
-		228. SIGNATUI	RE	0			ATTEMPING	MED		22b. DATE	SIGNED	
i		1700	-ur	2 au	alc	M.D	ATTENDING N	MED. DIRECTOR	STAFF D	JANI:	2.191	66
		22c. PHYSICIA	N'S				22d. ADDRESS				(
		torne (1)	Robert	G. Ans	gle		5009 DeR	ay Ave	Beth	esda.	Md.	
	23a	BURIAL, CREM	IATION, 1 23b. DATE		23c. NAME OF CEN	METERY	OR CREMATORY	23d. LO	CATION (City, town	or county	') (S	tate)
		REMOVAL (Spo	ecify)	5 160	Lawnwood	Co	meters	Marc	gantown.	W. T	Ja.	
	24,	FUNERAL DIRE	Jan.	0000	ADDRESS .			C'D BY REGIS	TRAR 25b. REG	ISTRAR'S S	IGNATURE	
		ht. A	Pumphrey	7557	Wisconsin			_ 40	ca mle	weer S	udge	
	200	ALC AL	r ombire c)	Beth	esda. Marv	lar	d DATA N	5 19	66 /	1	0	

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 4 hours after leath. TO HOSPITAL OR ATTENDING PHYSICIAN: The lam remuires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF THE CONTROL OF DEATH

OF THE CONTROL OF DEATH

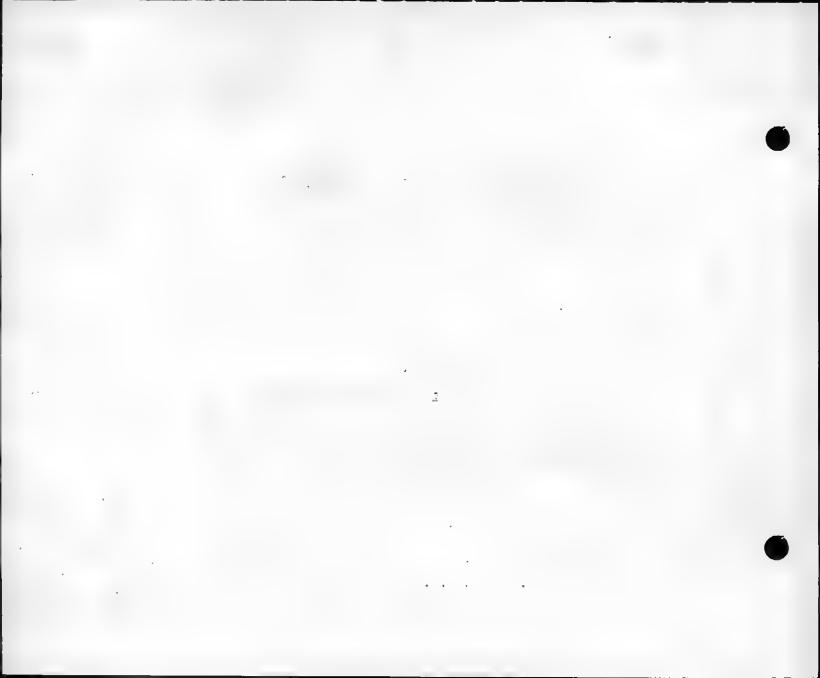
OTULO		GERIIFICAT	E UF DEAT	п		114303
1. PLACE OF DEATH			2. USUAL RESIDE	NGE (Where deceased I	ived, If Institution: F	tesidence before admission)
a. COUNTY	4		a. STATE	100	b. COUNTY	✓
1/16/	190in ery	MARYLAND	<u> </u>	<u>C.</u>	The state of the Burney	and when passed towns
b. CITY OR TOWN (if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN	(If outside corporate	IIMITS, WITTO RUKAL	and give nearest town)
Takom		Smonth	Washi	noton	41.	
	TAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRES			e. IS RESIDENCE
0.40	0 1.	- 11	2541	1 - 1	10.11	ON A FARM?
- Oakhar	en considered	t John -		· ladison	NW.	YES NO CH
3. NAME OF OECEASEO	First	Middle	Last	4. OATE	Month	Day Year
(Type or print)	Koland	M	Ills	ÖEATH	an	30 1966
5. SEX 1 6	COLOR OR RACE 7. MARRIED	NEVER MARRIEO	8. DATE OF BIRTH			1 YEAR IF UNDER 24 HRS.
IM			5 -2011	895 70	birthday) Months	Days Hours Min.
	While WIDOWED				yrs.	TITEN OF WHAT
10a. USUAL OCCUPATION during most of working		(INO OF BUSINESS OR NDUSTRY	UL, BIRTHPLACE	(County & State, or fore		ITIZEN OF WHAT
Mital	lather		U:	varia.		u. S.
13. FATHER'S NAME	(ac) var		14. MOTHER'S MA	NAME NAME		
	- 1.1 h	1111	101	0 +	- 1/1	11.
Noberl	Wyall	11115	Ul ven	a Durl	on 11	(115 -
(Yes, no. or unknyn) I(I	R IN U.S. ARMED FORCES? 16. Tyes give war or dates of service)	4	INFORMANT	_	Address	lies h
Year	1916-1918 5	79-01-4258	me mos	re 214	Madiam	N.W. Da
L 18 CAUSE OF OF	TH (Enter only one cause per	ine (or (a), (b), and (c).]				INTERVAL BETWEEN
	H WAS CAUSED BY:		A			ONSET AND DEATH
	MMEDIATE CAUSE (a)	Marioneman	16(N)			P - V -
しつ アイ	OUE TO	# 100	. 0 0			de
Conditions, if an		be suited in	iterinal	Clare of the		
gave rise to in	mediate (
cause (a), stat	ng the					
	NIFICANT CONDITIONS CONTRIB	IT INC TO BEATH BUT NOT DEL.	ATED TO THE TERMINA	I DISEASE CONDITIO	N GIVEN IN PART 1(a)	119. WAS AUTOPSY
E PARTIL DINERSIG	MIFICANT COMDITIONS CONTRIB	OTTING TO DEATH BUT NOT KEE	MIED TO THE TERMINA	E DISEASE CONCENTOR	1 (1) (1) (1) (1) (1)	PERFORMEO?
ICA						YES MO
PART II. OTHER SIG	S UNDERLYING 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of Injury in Part 1 o	r Part II of Item 18	3.)
S (IF EITHER, NOTIF	CAUSE OF OEATH Y MEDICAL EXAMINER)					
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home	farm, 20f. (City o	or town) (Co	unty) (State)
Hour a.m.	While	fact	ory, street, office bldg.	., etc.)	7 (04	2110)
20c. TIME OF IND Hour a.m. p.m.	19 at wor				,	
	hat (I) (this hospital) attend	led the deceased from	3/6/65		30/19(that (I) (we) last
saw the dece			t death occurred a			the date stated above.
22a. SIGNATURE	iseu alive on	/ dilu tilo	it death occurred a	111, 110111 (11		DATE/SIGNED
ZZu. Signarolla	to 1+ Wit	-+.	ATTENDING -	MEO. ST	TAFF - 1/0	8/6/
	my 1000	M.		DIRECTOR PI	HYS. LI 1/050	1100
22c. PHYSICIAN' NAME (Type		Well offort	22d. ADDRESS		•	*
	CHEST	AM OF any aldi				
23a. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	ON (City, town or co	ounty) (State)
REMOVAL (Speci	(y)	1			4	
24. FUNERAL DIRECT	OR ~	ADDRESS	. • 1 25a.	REC'D BY REGISTRAR	1 25b. REGISTRAR	'S SIGNATURE
4. FUNERAL DIRECT	5 J A 1	LI DOLL FOR	par y	fr. /	net .	
(OW)	Hunternan	٠٠٠ و د	DATE	EB 4 1966	Allegal	en judge

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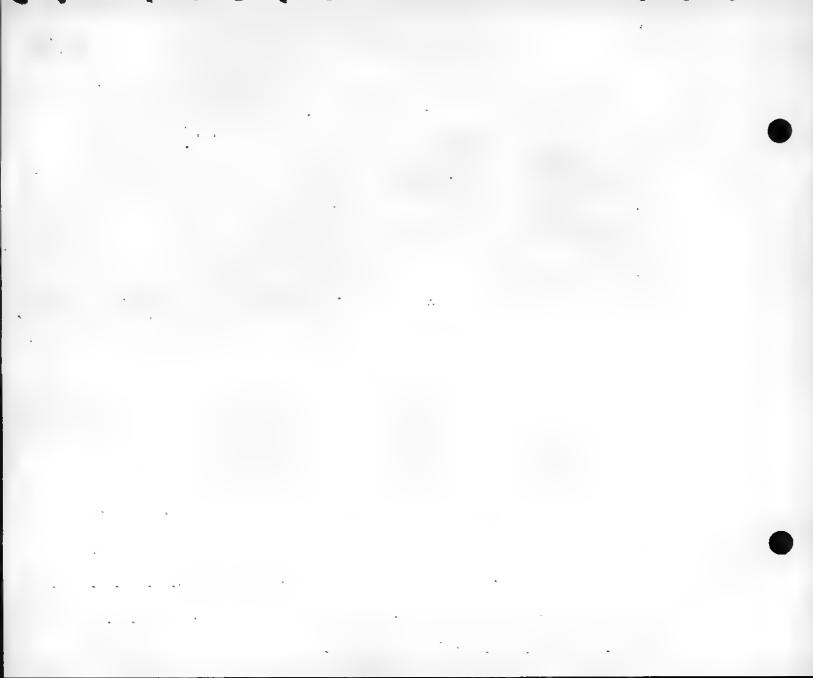


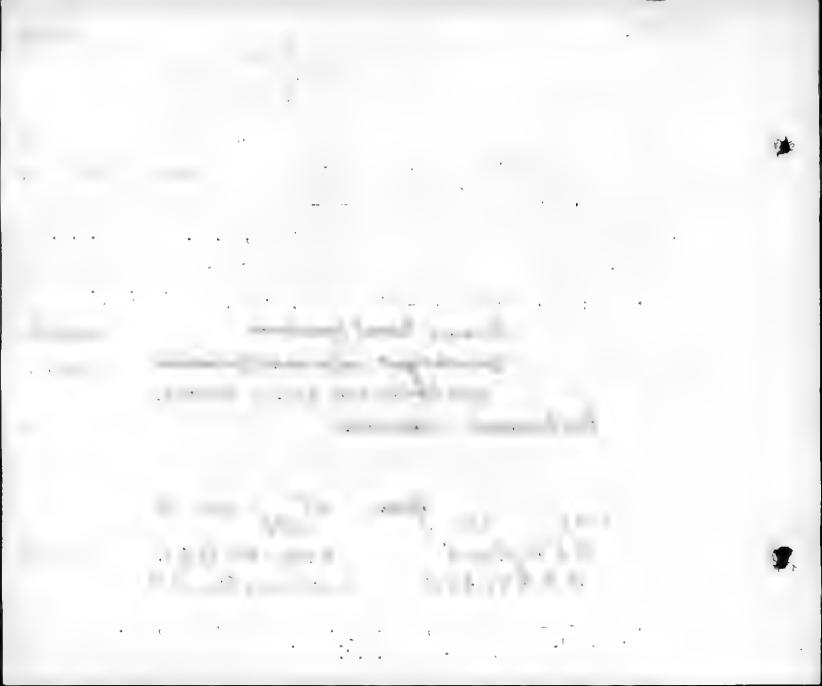
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



B. COUNTY D. COTTY OR TOWN (if oddide corporate limits, write RUBAL and size nearest low) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) A. N			PARTMENT OF HEALTH
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10.3 USUAL OCCUPATION (Give kind of workdone) 10b. KIND DF BUSINESS OR III. BIRTHPLAGE (County & State, or foreign country) 12. CHIZEN OF WHAT COUNTRY! CHARGE (COUNTRY) 13. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE DF DEATH LEnter only one cause per line for (a), (b), and (c). 1 PART II. DEATH WAS CAUSED BY: 18. CAUSE DF DEATH LENTER ON THE STATE OF THE STATE O			last birthday) Months Days Hours Min.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY. B. T. Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a) Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO Conditions, if any, which gave rise to immediate cause (a) to the DUE TO Conditions, if any, which gave rise to immediate cause (a) to the decay of the DUE TO Conditions, if any, which gave rise to immediate cause (a) to the decay of the DUE TO Conditions, if any, which gave rise to immediate cause (a) to the DUE TO Conditions, if any, which gave rise to immediate cause (a) to the decay of the DUE TO Conditions (b) to the DUE TO Conditions (b) to the DUE TO Conditions (b) to the DUE TO Conditions (b) to the DUE TO Conditions (c) to the DUE TO Conditio	<	etired/flythredit Manager Jeleff's	WASH. D.C. U.S.A.
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agave rise to Immediate cause (a), stating the underlying cause last. (c) PARTILIDHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 202. ACCIDENT WAS UNDERLYING TO AURSE OF DEATH IN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 203. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While Not While Not While Saw the deceased alive on 1966, and that death occurred attition, from the causes and on the date stated above 22a. SIGNATURE 21. I certify that (I) (Phia hospital) attended the deceased from 12 1 3 1962, to 1966, that (I) (we) take saw the deceased alive on 1966, and that death occurred attition, from the causes and on the date stated above 22a. SIGNATURE 22a. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 1-12-66 Rock Creek Cemetery (25a. Recipe By Registrant 25b: Resistrant's SIGNATURE (25b. Resistrant's SIGNATURE) 24. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 25a. RECIPE By Registrant 25b: Resistrant's SIGNATURE (25c. Resistrant's SIGNATURE) 25a. SURIAL, CREMATION, 23b. DATE THEREOF 25c. Resistrant's SIGNATURE (25c. Resistrant's SIGNATURE) 25a. FUNDRIL DIRECTOR 25b: Resistrant's SIGNATURE (25c. Resistrant's SIGNATURE)		Conditions (F any which)	
Underlying cause last. (c) PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? YES NO PERFORMED. YES NO PERFORM		gave rise to immediate	
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DESCRIPTION OF CONTRIBUTION OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) MOUR a.m. p.m. 19 While Not While at work 21. I certify that (I) (Bais-hospital) attended the deceased from 12 3 1965, to 1 9 4. that (I) (we) is saw the deceased alive on 1966, and that death occurred at 1156M, from the causes and on the date stated above 22a. SIGNATURE 22a. SIGNATURE MED. STAFF 1 9 6 M.D. PHYS. DIRECTOR PHYS. 1 9 6 22c. PHYSICIAN'S NAME (Type) Strart Nelson 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 1-12-66 Rock Creek Cemetery 25a. REC'D BY REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D	_	underlying cause last. (c)	
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury In Part I or Part II of Item 18.) 2Da. Cause of Injury Inj	100	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
DR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Contribution	FIC	200 ACCIDENT WAS INNEST VINCTO 1 200 DESCRIPTION INVITED VINCTO	
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work 19 w	CERT	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
21. I certify that (I) (Sais-hospital) attended the deceased from 12-13 , 1965, to 1-9 , 1966, that (I) (we) is saw the deceased alive on 1966, and that death occurred at 1158M, from the causes and on the date stated above 22a. SIGNATURE SIGNATURE	CAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	
saw the deceased alive on 1966, and that death occurred at 115 AM, from the causes and on the date stated above 22a. SIGNATURE Comparison	MEDI	White Total Authority	ry, street, onice oldg., etc.)
22a. SIGNATURE Comparison			
22c. PHYSICIAN'S NAME (Type) Stuart Nelson 22d. ADDRESS NAME (Type) Stuart Nelson 23d. BURIAL, CREMATION, 23b. DATE THEREOF PHYSICIAN (State) REMOVAL (Specify) 1-12-66 Rock Creek Cemetery 24. FUNERAL DIRECTOR STAFF DIRECTOR PHYS. DIPONES 1-9-66 1-9-66 1-12			
22d. ADDRESS NAME (Type) Stuart Nelson 22d. ADDRESS 831 University Blvd. L., S. S., Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 1-12-66 Rock Creek Cemetery Washington, D. C. 24. FUNERAL PRICTOR, ADDRESS 8434 YEORGIA AUguse 158. REC'D BY REGISTRAR'S SIGNATURE		a over 1	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 1-12-66 Rock Creek Cemetery Washington D. C. 24. FUNERAL DIRECTOR 8434 Yeorgia Auguste 10 N 1 7 1000 Gel.		22c. PHYSICIAN'S	22d. ADDRESS
REMOVAL (Specify) 1-12-66 Rock Creek Cemetery Washington D. C. 24. FUNERAL DIRECTOR SUBJECTOR SU	22.0	ornari Nerson	
24. FUNERAL DIRECTOR Shomes 8434 Georgia Avenue 250. REGISTRAR 250. REGISTRAR'S SIGNATURE	LJ d	PREMOVAL (Specify)	
CAT TEST TO A TO A TO A TO A TO A TO A TO A TO	24	FUNERAL DIRECTOR / ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Vα	a secretarion	M

VR AL5 (4) 20M 1/65

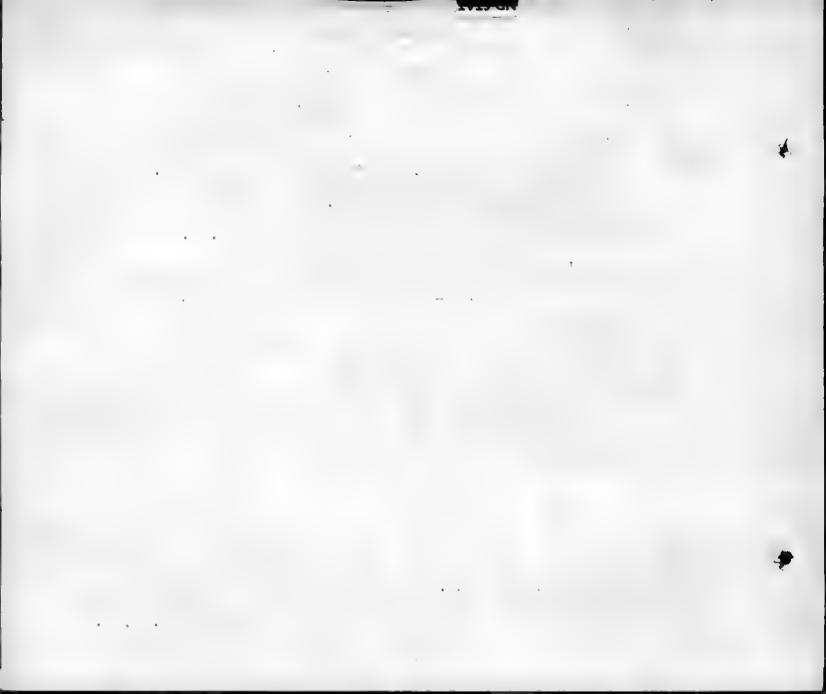




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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	กรถวร			CERTIFICA	ATE OF D	EATH			Reg. Dist.	Ne.	00995
1,	Montgom	ery		MARYLAND	o. STATE	land	ere deceased	lived. If instituti b. COUNTY			odmission)
	b. CITY OR TOWN (III RURAL and give ne SUMMOT	founde corporate limi orest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR I		utside corporo	ote limits, write R	URAL ond giv	e negre	it town)
	OR INSTITUTION	AL (If not in hospitol, q rsdale Ro		oddress)	d STREET A		rsdal	e Road		1	IS RESIDENCE ON A FARM? YES NO TO
3.	NAME OF DECEASED (Type or print)	EDWARI	st	Middle P.	O CONN		4. DATE OF DEATH	Mor Ja:		Day	Yeor 19 66
5.	sex Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED	8. DATE OF BIRTH		1907	AGE (In years lost birthday) 58 yrs.			UNDER 24 HRS. Hours Min.
L	during most of work	ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	Was	hing	ton,		12. CITIZ		WHAT COUNTRY
L		ah 0'Conr					Robe:				
15. (Ye	NO NO OF WARREND NO	R IN U. S. ARMED FOR III yes, give way or dated of s		50 CIAL SECURITY NO 17.	rgaret	Lohr	meyer	5008 ¹⁴			e Road
7	Conditions, if or gove rise to ir couse (a), stoling the lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO 19, which n mediate the under- (c	in	re for (a), (b), and (c).) Merrocal	rein i	osc	50	Au	eh	ONSET	VAL BETWEEN I AND DEATH
CATION				ONTRIBUTING TO DEATH BU					VEN IN PART I		WAS AUTOPSY PERFORMED? (ES NO []
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture o	f injury in P	ort For Port 1	II of ilem 1B)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p m.	Y Month, Doy, Ye	or 20d, It While of wor	Not while fo	LACE OF INJURY (Sociory, street, affice	Home, form, bldg , etc.)	20f (Cily o	or town)	(Co	unly)	(Stole)
	21. I certify the alive on	at I amended the Audile Robert C.	12 t	of fam. In New York of the Control o	h occurred at				and an the		the decease stated above DATE STORE
220	BURIAL, CREMATIO REMOVAL (Specify)	1/27/6		Mt. Olivet				ON (City, town,		C.	(State)
23.	FUNERAL DIRECTOR		35	524 Columbia			BY REGISTR		STRAR'S, SIGN	ATURE	16



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO NOTIFICAL DR ATTENDING PHYSICIAN; The law requires that the dealth certificate lie executed within 24 linum after death. Page 4 may be retained by the hospital or attending physician. DN. Reap for DN. 9 Smith to sign Cleaned

MARYLAND STATE DEPARTMENT OF HEALTH DALTIMODE 4 MADVEAND

7	01022 CERTIFICATION OF STATISTICAL RESEARCH AND RECORDS	E OF DEATH
z m2	PLACE OF DEATH a, COUNTY MARYLANO b. CITY OR TOWN (If outside copporate limits, write RURAL and give nearest town) J. C. A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington San. + Hoop.	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) STATE D. COUNTY Montgomery C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tarland d. STREET ADDRESS 13/00 old Columbia Pd, YES NO NO
X	5. SEX 6. COLOR OR RACE 7. MANUAL NEVER MARRIED WIDOWED DIVENS	Last J. DATE Month Cay Year OF DEATH / B. DATE OF BIRTH J. AGE (In years last birthday) J. AGE
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) 10b. KINO OF BUSINESS OR INOUSTRY WOOD WORKING 13. FATHER SNAME Raymond Oden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Bethesda, Md. 21. S. A. 14. MOTHER'S MAIDEN NAME Laura Carson INFORMANT Address
5	(Yes, no, or unknown) (If yes give war er dates of service) 578-03.7174 Ra 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	itory Failure Interval Between ONSET AND OFATH
	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO 121
- 1	CAUSE OF CEATH OF CAUSE OF CEATH OF CHARLES OF OF THE CONTRIBUTING CAUSE OF CEATH OF CAUSE OF CAUSE OF CEATH OF CAUSE OF CAUSE OF CEATH OF CAUSE OF CAUSE OF CEATH OF CAUSE OF CAUSE OF CEATH OF	RREO. (Enter nature of Injury in Part I or Part II of Item 18.) CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, officebidg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) JOSEPA F. Sun H. J.F.	220. Augress Buttonsville, und
	REMOVAL (Specify)	tional Cem Arlington Va 25a, peco by REGISTRAR 250. SERVISTRAR SIGNATURE

VR AIS (4) 20M 1/65



1	<u> </u>	1.	Items 18-21 Film G377MARY SAND STATE DEPARTMENT OF HEALTH
FOR S	STATE (Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 101023 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT.	VF	PLACE OF DEATH 1. 2. (ISUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
m	٠ ب		Montgomery MARYLAND STATE Seonges
ssary mera ay bi	imen leath		b. CITY OR TOWN If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)
necessar the funer 5 may t	Department after death.	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
2 P	fe D	7	Washington Sant Hasp. 6821 Rod Top Rd. apt T- YES NO
125	State hours		3. NAME OF DECEASED Last 4. DATE Month Day Year
PK.2	h the n 72		(Type or print) TREDERICK NORMAN ODONNELLI JREATH / 24 1966
eath. If Pages 1, th form	2 with within		Male -A- W WIDOWED DIVORCED 10-16-65
C11 C11	l and 2 event	ŀ	103. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Juring most of working life, even if retired) 1NDUSTRY
rs after deg 18. Give Pa along with	S 1 g		none washay us.
hours a em 18. ice alo	pages 1 in any		13. FATHER'S NAME
_ ===	and	ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	permit. I removal,		(Yes, no, or unknown) (If yes give war or dates of service) Bullions & MC Downsell Same and 2
EXAMINER: This certificate should be executed within 24 certificate, writing the word "pending" in pencil in a could be forwarded to the Chief Medical Examiner's Oles	Гет		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
Sutec Exa	burial-transit cremation, or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia due to asphyxia, accidental.
ndin dical	al-tra	ı	Conditions, If any, which (b)
id be "pe f Me	buri		gave rise to immediate (cause (a), stating the DUE TO
shou word Chie	as a rial,		underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROPE
cate the	used as a to burial, c	2	RERFORMED? YES NO
R: This certificate should be execuate, writing the word "pending" forwarded to the Chief Medical	3 should be agent, prior 1		PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ABUIDDED PREFFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Deceased infant suffocated accidentally in bed.
his c writ	nt, p		
fate, T	388	,,	20c. TIME OF INJURY Month, Da, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) 3:00 4x. 1/24 1966 at work Net work
IN DE DE	Page lated	6	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . inquiry . and in my opinion
	CTOR: Page designated		death resulted from: Natural causes, Accident &, Suicide, Homicide, Undetermined manner
te the	REC.		ACTUAL SIGNATURE ACTUAL CHIEF MEDICAL EXAMINER () 22. DATE SIGNED
W WEDICAL execute the Page 4	AL DI		STENATURE DEPUTY MEDICAL EXPANSER DAY 201 1911
PUT se e ctor.	FUNERAL DIRECTOR:	A.	NAME (Type) /2 E () E / Y / (E / TYPE (A) Address (Street, City, town, or county)
TO DEPUTY MEDICAL please execute the director. Page 4 s			23a. BURIAL GREATION, 23b. DATE THEREOF 23c. NAME OF CEMEYERY OR CRYMATORY 23d. LOCATION (City, tout) of county) (State)
_			24. FUNERAL DIRECTOR ADDRESS 31-11 & 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	A15ME D 4-64		Daken [Mallingly Wash Dichonten 2 8 1966 Jellanles Judge



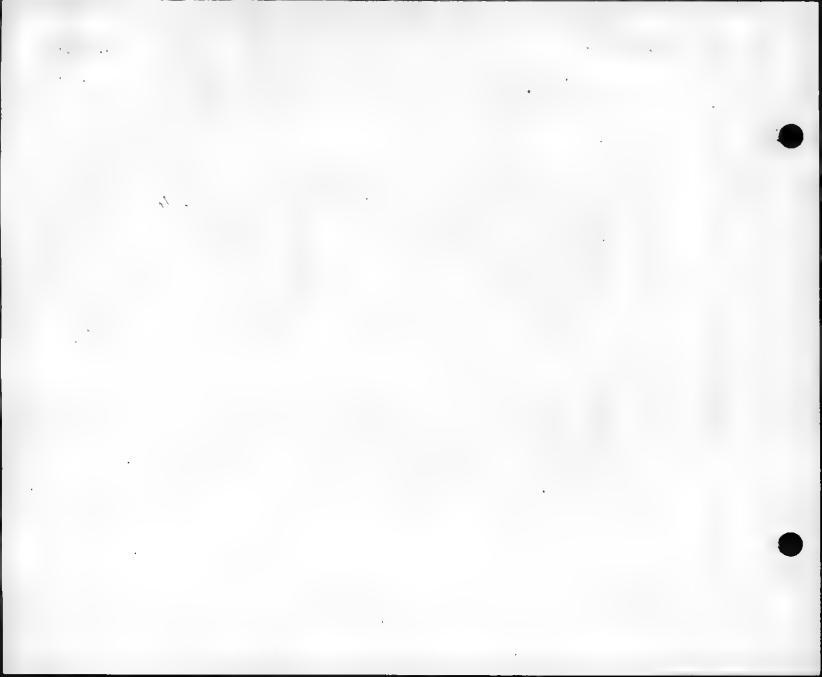
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY the ages 1 Mont gomers

b. CITY DR TDWN (if outside of porate limits, write RURAL and give nearest town) aomen c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest two) MARYLAND c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? NOX ilaz RESUN YES and completely fremove carbon po executed within NAME OF MIddle Last Month DECEASED (Type or print) DEATH 19 6/1 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED After this certificate has been signed by the attending physicial and be detached for use as the burial-transit permit. Then please femore State Dept. of Health prior to burial, cremation, or removal, and in any DIVORCED WIDOWED 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. during most of working life, even if retired) manh 13. FATHER'S NAME MOTHER'S MAIDEN NAME --Guttsmann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) (Wife) 570-40-3778 Fva Ostwalt same item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ETASTATIC MELANDMO ומבים דוצר Conditions, if any, which gave rise to immediate OUE TO (a), stating the cause underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [ND -20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURREO, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 p.m. 19 64 0 1966_, that (I) (we) last director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 10 FM, from the causes and on the date stated above. saw the deceased alive on. 22b. OATE SIGNED 22a. SIGNATURE ATTENOING PHYS. DIRECTOR ADDRESS PHYSICIAN'S 22d. tern Ave., Silver Spring. hapino 23d. LOCATION (City, town or county) 23b. **OATE THEREOF** NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, Silver Spring, Md. 1/12/66 of Heaven Gate 25b. REGISTRAR'S SIGNATURE 25a. REC'O BY REGISTRAR I 24. FUNERAL DIRECTOR 33 AODRESS VIIIe Pike vson Wheeler Funeral Home Rockville, Md. VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT!MORE 1, MARYLAND FOR STATE 01025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT: USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE PARKAYCASHO the funeral Department after death. c. CITY_OR TOWN (If outside corporate limits, write RURAL end give rearest tow b. CITY OR TOWN (if outside control limits, write BURAL and give nearest town) c. LENGTH OF STAY IN 1b d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? delay is and 3 to 13. Page State hours NO X YES NAME DF Middle the 72 DECEASED DEATH (Type or print) AGE of years last olriday 2 with within IF UNDER LYEAR IF UNDER 24 HRS DAME OF BIRTH 6. COLOR OR NEVER MARRIED 8. MARRIED Months Days Hours DIVORCED T WIDOWED event 12. CITIZEN OF WHAT and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BIRTHPLACE (State or foreign abuntry) 10b. KIND OF BUSINESS OR OUNTRY? any pages in any 13. FATHER'S NAME MOTHER'S 14. hours File 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. " in pencil in l Examiner's Of (Yes, no. or unkown) | (If yes give war or dates of service) permit. I removal, EXAMINER: This certificate should be executed within INTERVAL BETWEEN ONSEL AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: burial-transit | cremation, or IMMEDIATE CAUSE (a) "pending" Medical DUE TO Conditions, if any, which to Immediate gave rise **DUE TO** cause (a), stating Chief 63 underlying cause last. (c) ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES TY NO F 28 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. or or 필 22 cal pers Colomin. urth 3 should agent, p 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) WEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year the certificate, factory, street, office bldg., etc.) While Not While Md.1965 at work at work DIRECTOR: Page or its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry should Undetermined manner Suicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER Page 4 s for your 22. DATE SIGNED execute ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE director. Pag retained for 3 0 DEPUTY MEDICAL EXAMINER FUNERAL Health **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR-CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) 23c_ REMOVAL (Specify) 0,0 WINCO 0 UYIa REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o (OLNTY Montgomery **b** COUNTY delay is and 3 to PM3. Page 7 death. MARYLAND purtment CLENGTH OF STAY IN 16 . b CITY OR TOWN (If outside corporate imits, (If outside torporate limits, write RURAL and give nearest town) and write RURAL and give nearest town) d STREET ADDRESS d NAME OF HOSPITAL OR INSTITLT ON (If not in hospital, give street address) IS RESIDENCE ON A FARM? haurs State NO X executed within 24 haurs after death. WITH 3. NAME OF Midd e DATE DECEASED OF DEATH the 30 1966 eUra W/ -80 within (Type or print) alang 1 IF JNDER 1 YEAR S SEX DATE OF BRITH AGE (n years F LNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthacy) Months WIDOWED s Office 10o USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT during most of working life, even if refired INDUSTRY USA Syracuse.

14. MOTHER'S MAIDEN NAME N. the Chief Medical Examiner Bage 13. FATHER'S NAME in penc CENEVIA G. GWYND. 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) ((If yes give wor or dotes of service remayal, Husband None No IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: pe Metastatic-Garcinoma. ь IMMEDIATE CAUSE (o) This certificate should writing the ward 170 morian, DUE TO Carcinoma Lett- Breast-Conditions, if any, which gove rise to immediate couse (o), farwarded to DUE TO burial, crei stoting the underlying couse Ф last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO <u>-</u> g e 4 shauld be 20o. EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 1B.) pl≡oh∎ PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained for your FUNIRAL DIRECTOR: Lage Page ot work of work necessary, please execute designate 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 🔼 Inquiry (X), and in my apinion the funeral director. Natural couses 🔀 deoth resulted from: Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ≡r its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER (CALL) **EXAMINER'S** O FUI Address (Street, city, town, or county) NAME (Type) John BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Stote) (County) Crema Clon Ft. Lincoln Prince George Co.

ADDRESS

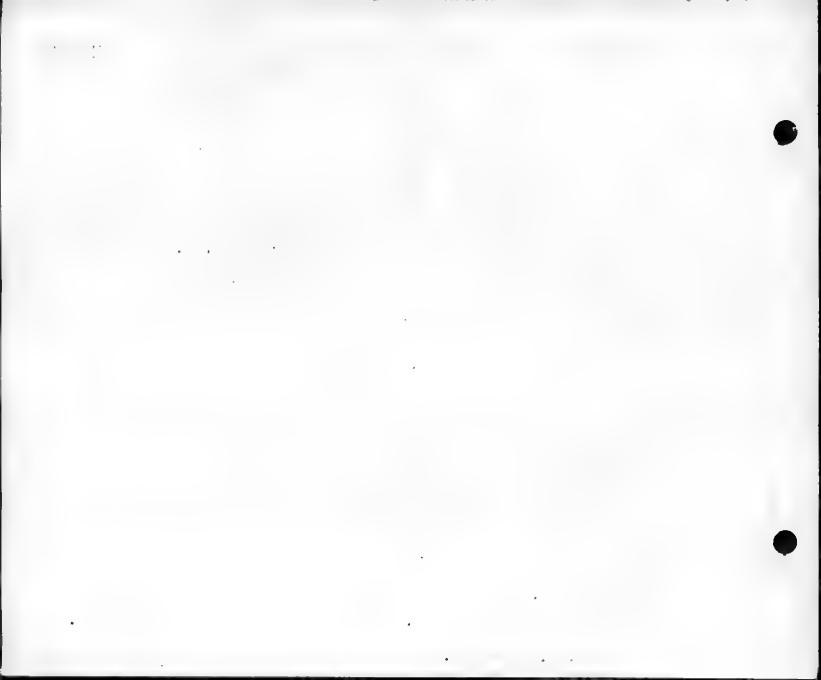
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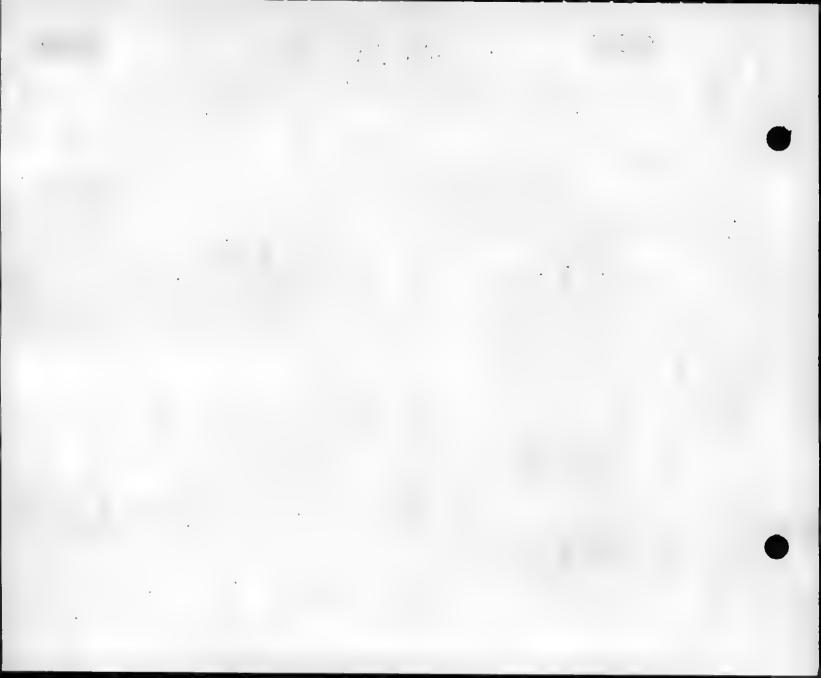
25b. REGISTRAR'S SIGNATURE

2So. REC D BY REGISTRAR

1966

VR A15ME (5) 6M 1/66 24. FUNERAL DIRECTOR





MARYLAND STATE DEPARTMENT OF HEALTH

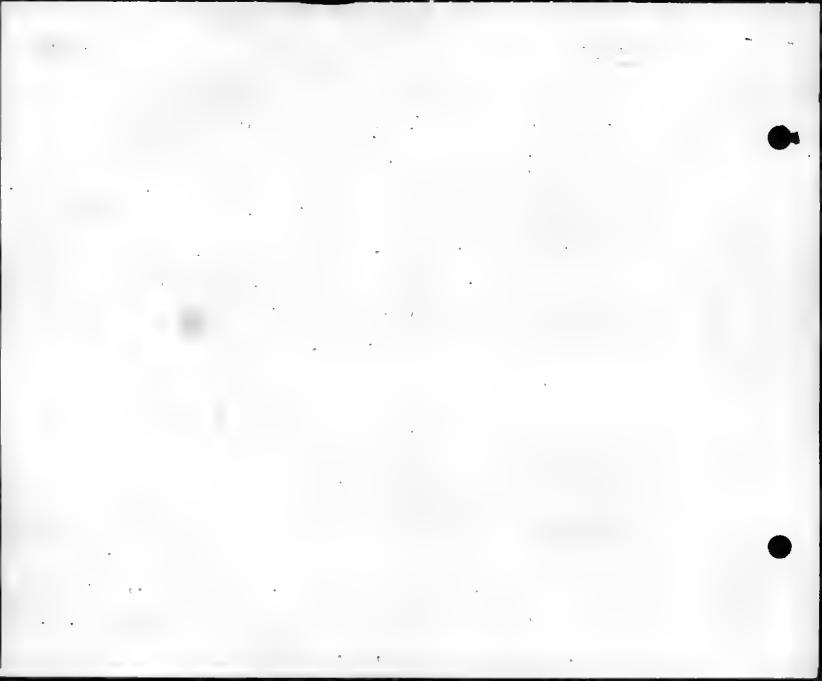
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

١		01928	CERTIFICATE	OF DEATH		01002	_
		PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived, if institut b. COUI	ition, Residence before odmismon))
	k	o. CITY OR TOWN (If outside corposed mits, write RURA) end give neares fown)	C UNGTH OF STAY IN 16	c CITY OR TOWN (If outside		IRAL and give nearest town)	-4-
	C	NAME OF HOSPITAL OR INSTITUTION (IF not in he		d STREET ADDRESS	18the st	ee / e is residence on a farma	
		NAME OF DECEASED Type or print) Pezson		ther	DATE OF MONITORING		6
	5 5	nate white wi	DOWED DIVORCED	DATE OF BIRTH	9 AGE (In years lost by hdoy)	0 16	IN IN
	dur	JSUAL OCCUPATION (Give kind of work done pay high of working life, even their red)	10b KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (County & St	Virgini	12 CITIZEN OF WHAT COUNTRY?	
-	-	FATHER'S NAME	a ther		Rutherfor		
	15 (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of serving)	16, SOCIAL SECURITY NO 17 IN 2008	Tear blin	N. Fra	Her Son	
		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	_	Carriele	Sarction	INTERVAL BETWEEN ONSET AND DEATH	
		Conditions, if ony, which gove (b)	Cetimorelin	tic fearto	Rineard	29cm	-
		stating the underlying couse DUE TO					_
	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	melletus.			19. WAS AUTOPSY PERFORMED? YES NO	
	CERTIF	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I				
	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o m. p.m. 19	While of work of work of two of work of two of work of two of work of two of tw	E OF INJURY (Home, form, rry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
			attended the deceased fram 1	death accurred at 3	M, from couses		lost ave.
7		220 STGNATURE	th MD		D. STAFF ECTOR PHYS.	22b. DATE SIGNED	,
		NAME (Type) John May	Lath	50 W. Edm	nonston Dr.	., Rockville,	M
		BURIAL (REMATION, REMOVAL (Specify) 3UT1 al 1/27/66	23c NAME OF CEMETERY OR C		23d. LOCATION (City or To Shepherds)	own) (County) (Stote)	CT-
	24	FUNERAL DIRECTOR Papert A Pamphrey	ADDRESS Rethesda, Md.	250. REC'D BY		EGISTRAR S SIGNATURE	

executed within 24 haurs after death. TO FUNERAL EINECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 aparshould be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after years. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending pillysician.

death

VR A15 (4) 20 M 1/66





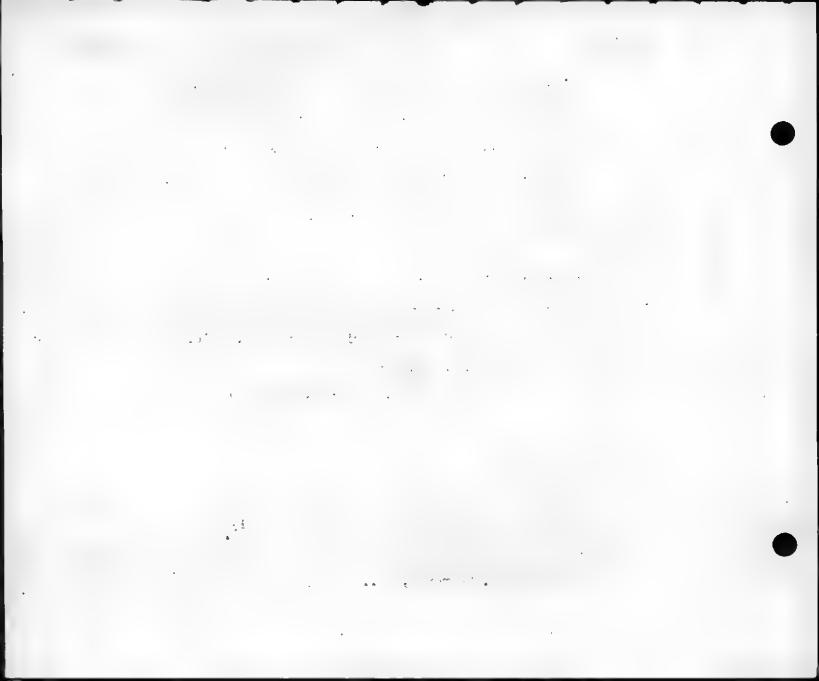
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01030			CERT	IFICATI	E OF DEATH	1		100	1
1.	PLACE OF DEAT	TH				2. USUAL RESIDEN	CE (Where decea	sed lived, If institu	utlon: Reside	ence before admission)
		Montgomery			MARYLAND	a. STATE New	Jersey	b. COUNTY	•	
	b. CITY DR TO	NN (if outside corpora L and give nearest tow	te limits,	c. LENGTH OF		c. CITY OR TOWN (II			RURAL and	give nearest town)
	Be	thesda	n)	17 Days	S	Morristo	m	1		
	d. NAME OF HO	SPITAL OR INSTITUTION	N (if not In !	nospital, give stre	eet address)	d. STREET ADDRESS		4 /		e. IS RESIDENCE
Tr		al Center,	Bethes	da 14, Ma	aryland	l Alpine	Drive			ON A FARM? YES NOXX
3.	NAME OF DECEASED	FI	rst	Middle	9	Last	4. DATE	Month	Į.	ay Year
_	(Type or print)	***************************************		Joseph		gley, Jr.		January	22	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MAR	RRIED 🔲 8	B. DATE OF BIRTH	9. A	GE (in years IF ast birthday) Mo	UNDER 1 YE	AR IF UNDER 24 HRS.
	<i>l</i> ale	White	WIDOWED		RCED 14	September	1907 5	8 yrs.	onths Day	s Hours Min.
10 du	a. USUAL OCCUPA ring most of worl	TION (Give kind of work king life, even if retire	done 10b. I	KIND OF BUSINES	\$ DR	11. BIRTHPLACE (C	ounty & State, or	fereign country)	12. CITIZI	EN OF WHAT
<u> </u>	Lawyer			Law		New J	Tersey		USA	16.01
13	. FATHER'S NA	ME				14. MOTHER'S MAIL				
	M	ichael J. Q	uiglev	. Sr.		Crissi	e Taylo	r		
1	5. WAS DECEASED	EVER IN U.S. ARMED FO	RCFS? 1 16.	SOCIAL SECURIT	Y ND. 17.	INFORMANT The M	ledical	Rec Address		_
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		IMMEDIATE CAUSE	(a) Dano.	<u> </u>	211007 20	214 004 Date 0	COLGORO	P-P-		O HOULD
		Otto	70							
	Conditions, If	any, which								2 70070
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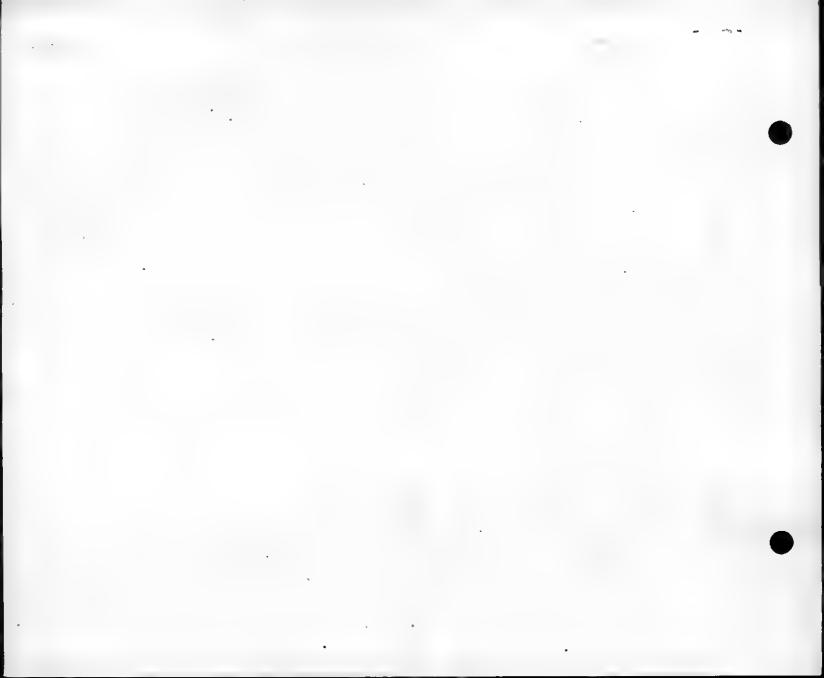
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please entry of carbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in anti-event, within 72 hours after daith. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Beath Bertificate be executed within 24 Boum after Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01031 CERTIFICATE funeral s 1 and 2ster death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) a COUNTY montgomuse MARYLAND bmpletely filled in by the fur ve carban papers. Pages I event, within 72 haurs after requires that the death certificate be executed within 24 hours after CLENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, write_RURAL and give nearest town) Brondwood seth esote d STREET ADDRESS d. NAME OF HOSP, TAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? YES NO 🗷 Middle 4. DATE Year NAME OF First Manth DECEASED (Type or print) AGE IF JNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH n years NEVER MARRIED 7, MARRIED lest b thday) WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) BrookINGS FOT. conctany 17. INFORMANI 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burnal-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause State Dept. of Health priar ta lost. WAS AUTOPSY PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO PO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Haur o.m. factory, street, office bldg , etc.) IO FUNERAL DIRECTOR: After 19 60 to 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram... director, page 3 shauld shauld be filed with the saw the deceased glive an 12-16 1965, and that death accurred at 12-2M, fram causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE M.D. DIRECTOR 22d. ADDRESS PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Yown) 23a. BURIAL CREMATION REMOVAL (Specify) St. Joseph's Cemetery Pittsfield ADDRESS 2Sb. REGISTRAR S SIGNATURE Bethesda, Md. Robert A. Pumphrev VR A15 (4) 20 M 1/66

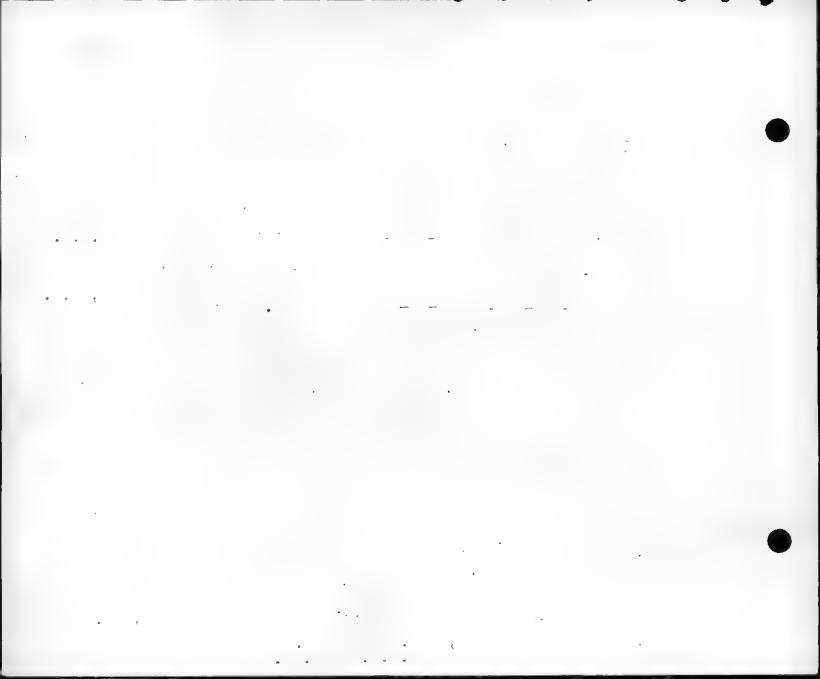


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O1032
CERTIFICATE OF DEATH

1. PLACE OF CEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
a. COUNTY_	A OTATE & COUNTY						
Montgomery MARYLAND	Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
b. CIFY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Chevy Chase	Chevy Chase						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS 6. IS RESIDENCE						
	ON A FARM?						
6131 Nevada Avenue	6131 Ne vada Avenue YES NO 🔀						
3. NAME OF PIrst Middle T	Last 4. DATE Month Oay Year						
(Type or print) 4/14 S JOH W	ad/ce DEATH Jan 15 1966						
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8 OATE OF BIRTH 19 AGE (In years LELINGER 1 YEAR LE UNGER 24 HRS.						
	() 22 / () last birthday) Months Oays Hours Min.						
	kuy 22, 190/ 58 yrs.						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
during most of working life, even if retired) Orthopedic Surgeon INOUSTRY	District of Columbia U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIGEN NAME						
Peter A. Radice	18074m - Gm4mo774						
	Adelina Spinelli						
(Yes, no, or unknown) (If yes give war or dates of service)	4631, Verplanck Place, N.W.						
No 578-18-5914 M	ilton E. Magruder						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
IMMEDIATE CAUSE (a)	and the control of the						
The one to the state of the sta	Thin! 121m-						
Conditions, If any, which gave rise to immediate (b)	0-KKM2-(1, 59°						
cause (a), stating the OUE TO	1 2000						
underlying cause last. (c)	Typh uns in						
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION C	PERFORMEO?						
20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)						
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
3 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 at work at work	ry, street, office bldg., etc.)						
p.m. 19 at work at work							
21. I certify that (I) (this hospital) attended the deceased from	19 5 2 19 to 15 19 G/2, that (1) (we) last						
saw the deceased alive on 1964, and that	t death occurred a M. from the causes and on the date stated above.						
222. SIGNATURE	22b. OATE SIGNED						
C Heiser Joules Isle M.	ATTENDING X MEO. STAFF PHYS. DOLL 1/9/66						
22c. PHYSICIAN'S - 11	1 22d. AODRESS						
NAME (Type) + Herbert Bakers rela	11 1912 16 5 K. 11 W DOWN NG.						
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
REMOVAL (Specify)							
Burial 1-19-1966 Cedar H il	1 Cemetery Suitland Md						
Joseph Gawler's Sons, Inc. 5130	WISC. OATEN 19 1956 Millionelas Judge						
Ave.N.W. N	ash. 50						

VR AIS (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH ath hours after death. and cumpletely filled in by the funeral remove carbon papers. Pages I and 2 on any event, within 72 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MONTGOMERY CHI CITYN, P MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? NOX YES executed within NAME OF First Middle Last 4. Month Year Day DECEASED OF DEATH (Type or print) 19/-5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years | IFUNOER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. NEVER MARRIEO [Months Hours 84 WIDOWED 🔀 DIVORCED [8 e attending ohysicia∎ a ermit. Then please re iit. Then please r or removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be Page 4 may be retained by the hospital or attending physician. INDUSTRY COUNTRY? W. BINGMU 13. FATHER'S NAME MOTHER'S MAIDEN NAME ---Altman Jennie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT ECTOR: After this certificate has been signed by the attend 3 should be detached for use as the burial-transit permit. with the State Dept. of Health prior to burial, cremation, or r 17. Spg., Mil (Yes, no, or unkown) (If yes give war or dates of service) Altschuler 13415 Dauphine St. 18. CAUSE OF DEATH [Enter only one cause perpline for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONVERBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? YES [NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of/Injury in Part I or MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 (5 21. I certify that (1) (this hespital) attended the deceased from. TO FUNERAL DIRECTOR: 10 M, from the causes and on the date stated above. 6.6 and that death occurred at saw the deceased alive on 22a. SIGNATURE OATE SIGNED director, page should be filed ATTENDING PHYS. MED. DIRECTOR M.O. PHYSICIAN'S 22d. ADDRESS NAME (Type 23a. BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. or county REMOVAL (Specify) David Mem. Garden Falls Church. FUNERAL DIRECTOR 14th St. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Wash. 1966 Danzansk 15M 4-64

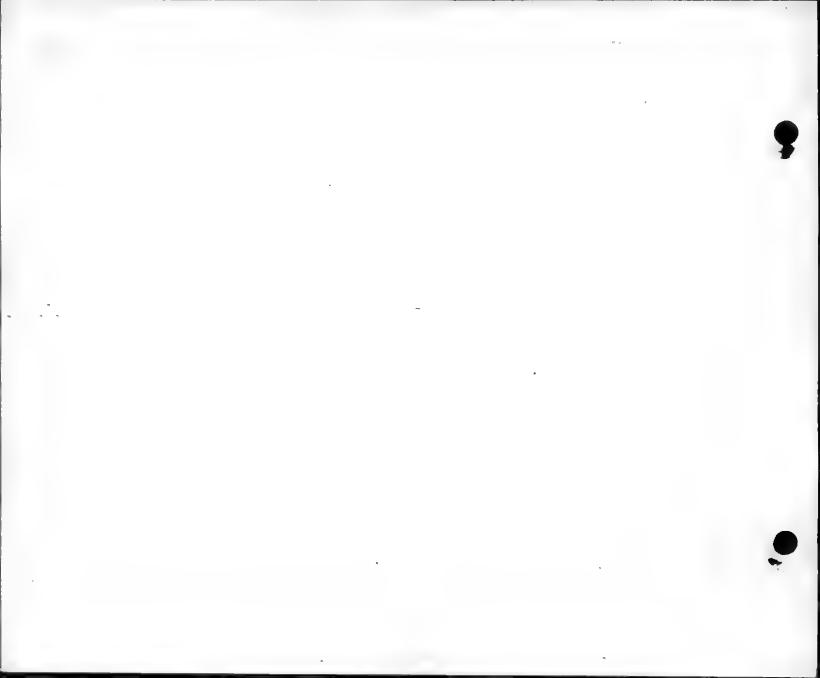
MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased) ved, if institution. Residence before admission a. COUNTY a. STATE b. COUNTY Montgomery Maryland death. Montgomery MARYLAND b CITY OR TOWN (If autside corporate imits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) PM3. write RURAL and give nearest town)
Silver Spring after 1% hrs. Wheaton d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS hours Off ce along with form 11918 Valleywood Drive Holy Cross Hospital Item 18. Give Pages YES NO X 24 hours ofter death. 3 NAME OF Middle Last 4 DATE Manth Day DECEASED Reid 19 66 non January Ravmond (Type or print) DEATH DATE OF BIRTH AGE (In years IF LINDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARR ED lost birthday) Months Days Haurs White 8/15/20 Male WIDOWED even 11 BIRTHPLACE (State or fareign country) 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Printer icote, writing the ward "pending" in pencil in be farworded to the Chief Medical Examiner's in ony Printing Scranton, Pa. 13. FATHER'S NAME 14 MOTHER'S MAJOEN NAME This certificate should be executed within Jean Andrew John Reid ond IS WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO. (Yes no, ar unknown) ((If yes give war or dates of service) LUKECIOR: Page 3 should be used as a burial-tronsit permit.
 its designated agent, prior to burial, cremation, or removal, 169-18-8224 W.W. Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial insufficiency with IMMEDIATE CAUSE (a) DUE TO Canditians, Fany which gave thrombosis and coronary artery heart disease. (b) rise to immediate cause (a). **OUE TO** stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O SEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS CERTIFICATION 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) PRIMARY Or CONTRIBUTING pluods **CAUSE OF DEATH** 20c TIME OF NJURY Month, Day, Year 20d NURY OCCURRED 20e. PLACE OF INJURY (Harne farm, 20f (City or town) (Stote) (County) Hour a.m. factory, street, affice bldg, etc.) While Not While moy be retoined for your FUNERAL DIRECTOR: Page at work at wark 21. I certify that L toak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted fram. Natural causes X. Undetermined manner funeral director. /Accident Suicide Ham.cide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED **SIGNATURE** TO FUNEN. Health or it ELDEN NAME (Type) 23c NAME OF CEMETERY OR CREMATORY the 236 OATE THEREOF 23d LOCATION (City or Tawn) BUR AL CREMATION REMOVAL (Specify) Parklawn Cemetery Rockville. Maryland 256 REGISTRAR'S SIGNATURE 25a, REC O BY REGISTRAR Milsonelly VR A15ME (5) 6M 1/66 1966

2/18/ WARYLAND STATE DEPARTMENT OF HEALTH

Item To Film G575



_ 1	4	-	Ιt		lm G373 1,		marris my Original		PARTMENT O			DE 4 111	DULAND
FOR S	TATE	7		01035			EXAMINE		, 301 W. PRESTO CERTIFICAT	E OF	DEATH	KE I, MA	01009
HEALTH	DEPT	./	1.	PLACE OF DEAT a. COUNTY		1000000			2. USUAL RESIDEN	ICE (Where	deceased lived, If i		esidence before admission)
sary, leral	nent sath.			b. CITY OR TOW	Montgomery N (If outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY		c. CITY OR TOWN (rylar Footside	orporate limits, v	vrite RURAL	nt come ry and give hearest town)
essa ne funei 5 may	Department after death.				ja (rura SPITAL OR INSTITUTIO	- 1	spitai, give street a	ddress)	Chevy (Chase			e. IS RESIDENCE
ay 3 to 1	State D hours af	26		U.S.I	Waval Hospi						gt. Mano	r Rd.	e, IS RESIDENCE ON A FARM? YES NO 1
ny delay 2, and 3 M3. Pag	the Si 72 ho		3.	NAME OF DECEASED (Type or print)		rst	Middle O •	10	Lest	4. DAT	TE Mon	ith	Day Year
35 1. 37 E	with			SEX	6. COLOR OR RACE	Le minatelle I	NEVER MARRIE	X	. DATE OF BIRTH		an mar	Months	YEAR IF UNDER 24 HRS
death Page	ent w		10e	'ema le . USUAL OCCUPAT	Cauc. ION (Give kind of work Ing life, even if retire	done 10b, Ki		T q	eb. 12, 19		<u>5</u> ⊥ yrs.	1 12. 01	26 TIZEN OF WHAT
after c	L			Dietat	ion	Go			Kansas				USA
hours em 18 ice alo	e pag			Geo	rge F. Re			İ	Agath				
iii 24 ii ii It rs Offi	正品		15 (Ye	. WAS OECEASEO s, no, or unkown) e.S	ever in u.s. armed for liftyes give war or dates of Public He	orces? 16.5 of service)	001AL SECURITY NO 178-36-15		N.I.H.HO	sn.R	Addr		sda, Md.
rted with ' in penci Examiner	t permit.		_		DEATH Enter only on ATH WAS CAUSED BY IMMEDIATE CAUSE						<u> </u>	Ī	INTERVAL BETWEEN ONSET AND DEATH
	transi ion, o	J		1/7-	DUE	TO							45 Min.
e ge	cremation, or			Conditions, if geve rise to cause (a), s	Immediate ((b)	not wound	of h	ead				45 MTII.
shouf word Chief	S in		Z.	underlying caus	se lest.	(c)	TING TO DEATH BUT N	IOT RELA	TEO TO THE TERMINAL	DISFASE C	ONDITION GIVEN I	N PART 1(e)	19. WAS AUTOPSY
certificate should iting the word " led to the Chief P	used to bu	0	ICATIO										PERFORMEO? YES NO
riting ded t	should be gent, prior		CERTIFICATION	PRIMARY IN OF CAUSE OF DEAT	L CAUSE WAS CONTRIBUTING [] H.				RREO. (Enter nature of			of Item 18.)	1
ER: This certificate, writing	3 shou agent,		MEDICAL	20c. TIME OF	INJURY Month, Day,	Year 20d. IN	JURY OCCURRED 2	tactor	let from 8 DE OF INJURY (Home, 1 ry, street, office bldg.,	etc.)		(Cour	
253	Page lated	/ -	ME	p.,	m. 1/8 ₁₉ y that I took charge		Not While A	Str ove, hel			ckville tion X, Inc	Mont	and in my opinion
the cert should	TOR: design			death result	ed from: Natural	causes [],	Accident X	, Suid	cide , Homic		Undetermine	d manner	
MEDIC cecute Page 4	O ·			ACTUAL SIGNATURE	John	1. B	del.		_M.D. ASSISTANT MI	EOICAL EX	AMINER //	18/66	22. DATE SIGNED
≥ š	ECC 200	ang age		EXAMINER'S (NAME (Type)	John G. Ba					et, city, to	wn, or county)		sda, Md.
TO DEPUT please e director.	D to		23a B1		ransitol-		Buhler				Buhler.	town or cou	
VR AL	5ME (5)	,	24	FUNERAL DIP		pkren	Bethesda		aryland 1	C'D BY RI	GISTRAR 25b.		S SIGNATURE
5M	1/65		_						DAJ#4	1 1. 6	10001		1

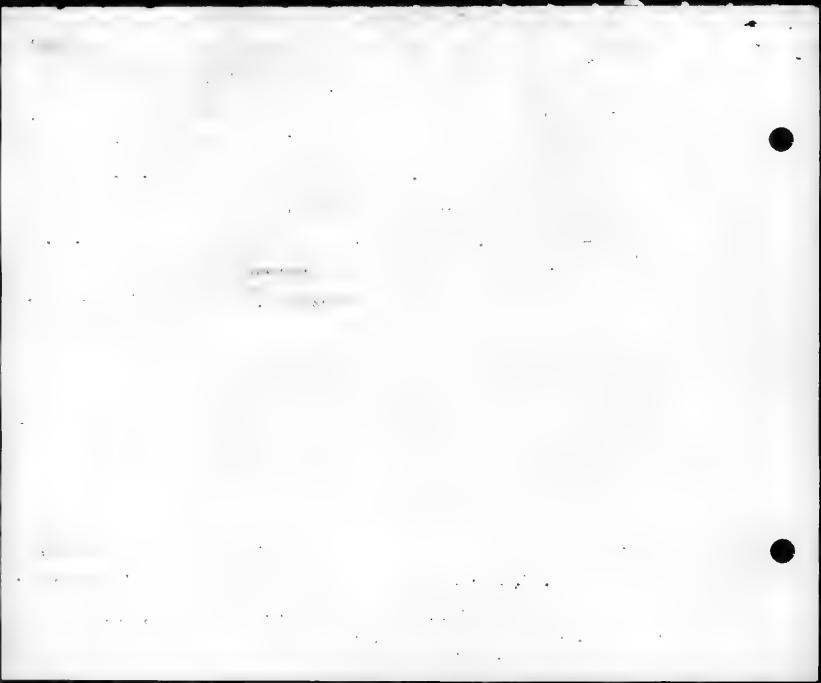


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> VR AI5 (4) 20M I/65

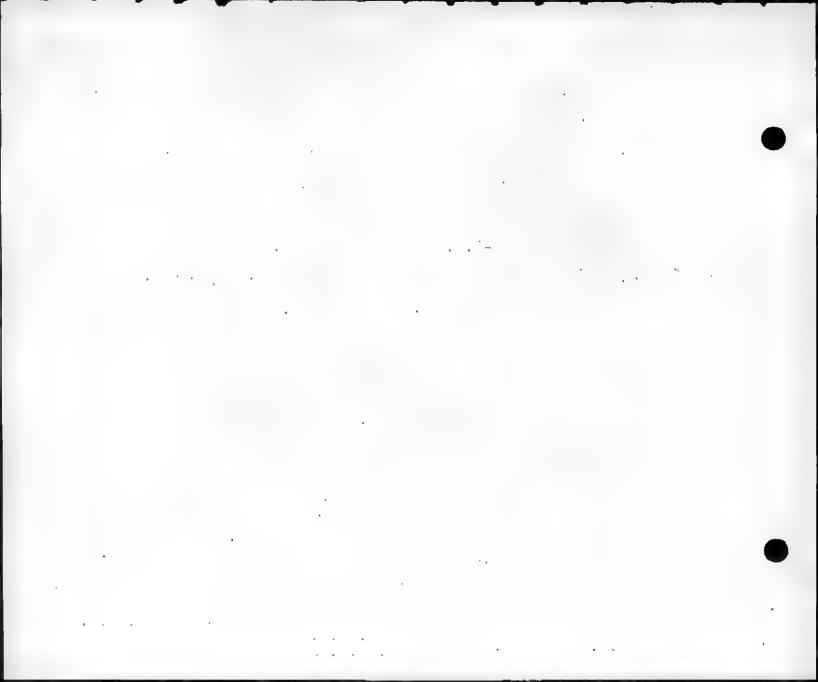
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01036			CERTIF	ICATI	OF DEATH			0.1	
1.	PLACE OF DEAT	Montgome	ry	Hen	YLAND	2. USUAL RESIDENC a. STATE Man			ution: Residence Montgo	
	b. CITY OR TOW Write RURAL Chevv	(N (if outside corporat and give nearest tow Chase	e limits, n)	c. LENGTH OF STA		c. CITY OR TOWN (IF	RURAL and giv	ve nearest town)		
	d. NAME OF HO	spital or institution in the state of the st		spital, give street	address)	d. STREET ADDRESS 5320 Wi		B. IS RESIDENCE ON A FARM? YES NO E		
	NAME OF DECEASED (Type or print)	EDWI	st N	Middle C.		YNOLDS	4. DATE OF DEATH		Day	Year 19 66
	sex Male	White	7. MARRIED [WIDOWED]	DIVORC	ED J	an. 26, 187	0 95	ist birthday) Mo	onths Days	Hours Min.
dui E	03. USUAL OCCUPATION (Give kind of work done INDUSTRY INDUSTRY) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? COUNTRY? Rhode Island U. S. 3. FATHER'S NAME									
		Edwin Rey		SOCIAL SECURITY N	0. 17.	Harriett	Col	lins_Address		
(Y	No	(If yes give war or dates of DEATH [Enter only one	service) No	ne		Daug	hter Reynold	Como		em 2.
-	PART I. Di	IMMEDIATE CAUSE TO DUE any, which immediate tating the se last.	(a) Gls (b) A (c) (c)	ter	da	ele,	he /	Sent S	ONS	SET AND DEATH
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT	SIGNIFICANT CONDITION WAS UNDERLYING TIME CAUSE OF DEAT TIFY MEDICAL EXAMIN	20b. D			TED TO THE TERMINAL D			YE	PERFORMED?
MEDICAL		INJURY Month, Day,	rear 20d. IN	Not While at work	20e. PLA factor	CE OF INJURY (Home, fa y, streat, office bldg., et	rm, 20f. (Cit	y or town)	(County)	(State)
		AN'S				ATTENDING PHYS. 1	Med. Circum Circ	STAFF PHYS.	d on the date 22b. DATE SIG	GNED
24	BURIAL, CREM REMOVAL (SPO PEMATION FUNERAL DIRE ROBERT	n 1-12		23c. NAME OF C Cedar H: ADDRESS ethesda	i11 (rematory 25a. REC	23d. LOGA Suit D BY REGISTR	20	Mary La Mary La STRANS SIGN	(State) Ature



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65



Rockville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

YES NO Y

Year

1966

Hours

NTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO T

(State)

(State)

YES |

(County)

22b. DATE SIGNED

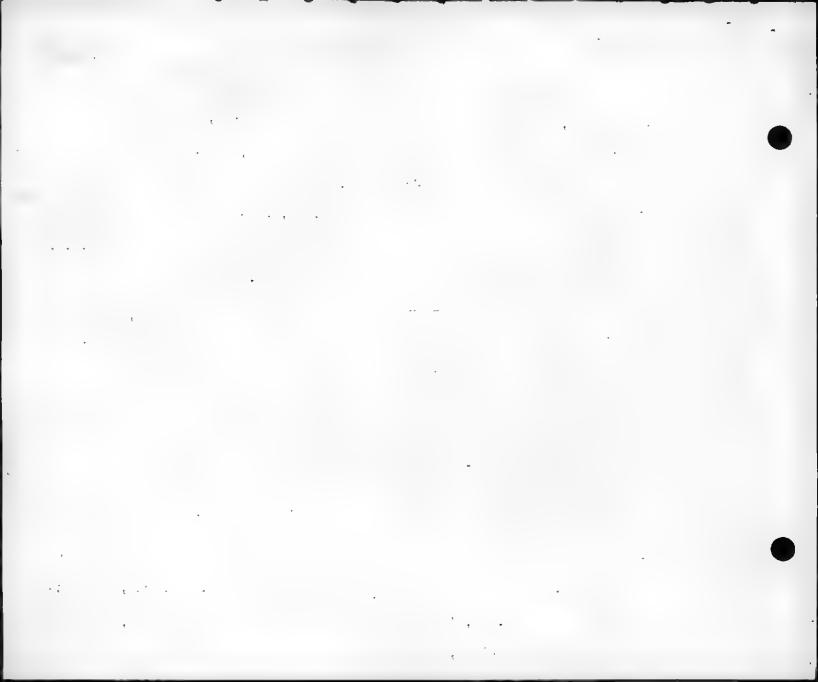
Day

20

12. CITIZEN OF WHA

COUNTRY? U.S.A.

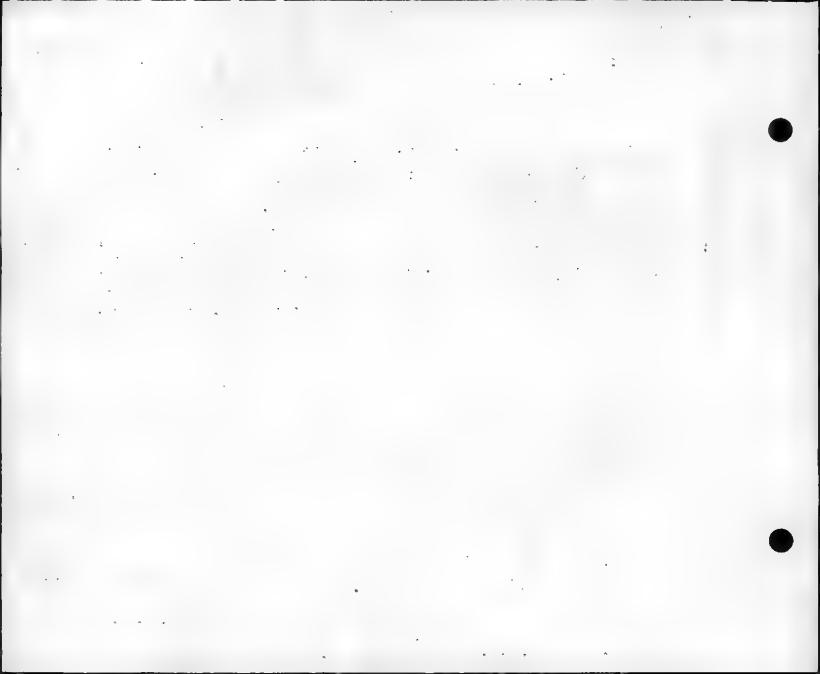
VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

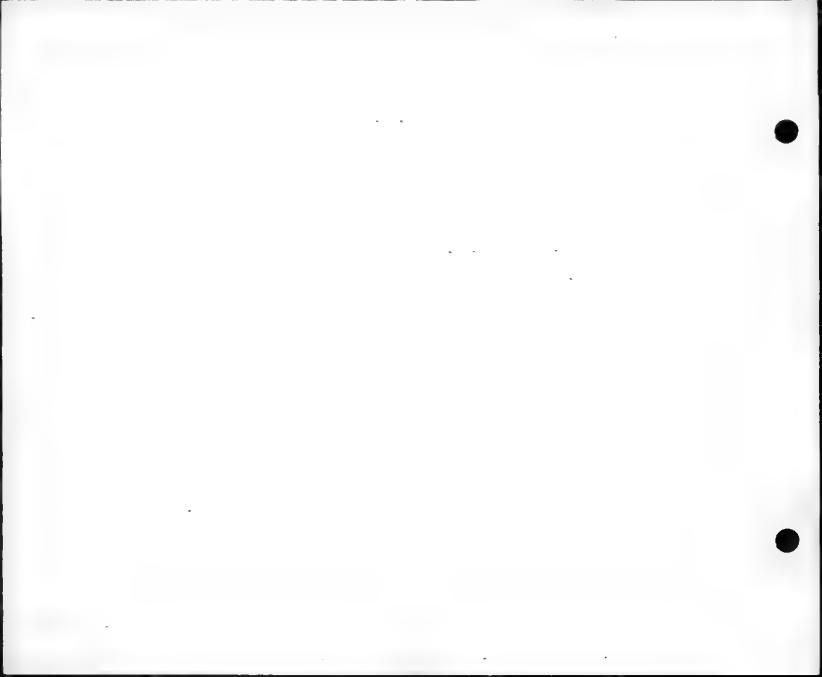
1	da.	_01039	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	01013
		PLACE OF DEATH			2. USUAL RESIDENCE (WI	here deceased lived, If install	ition: Residence before admission)
		b. CITY OR TOWN (If potside co	ronsata listits.	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	la cornorate limits write	RURAL and give nearest town)
-		b. CITY OR TOWN (if existe co write BURAL and give neares	ot town)	54 days	11/100	2. 0	TOTAL BIT NOTICE CONNY
ı		d. NAME OF HOSPITAL OR LYSTI			d. STREET AODRESS	ingion	e. IS RESIDENCE ON A FARM?
	_4	Wash Da	we do	Hoop	1130 KA	LMIA RD	NO YES NO
1	3.	NAME OF Nelly	First	Middle		DATE Month	Day Year
1	5.	(Type or print) // CF L/	RACE 7. MARRIED I	NEVE MARRIED	8. DOLES	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS
J	-	to Tarkit	WIDOWED	OIVORCED	8-19-82		onths Deys Hours Min.
Ì	10a,	USUAL OCCUPATION (Give kind of		ID OF BUSINESS OR	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT
	A	chool Jaache	(Ret)	EDUC,	Wash	· ac.	Us.A.
	13.	FATHER'S NAME	Pi	- Pag	14. MOTHER'S MAIDEN NA	a doing	200
	15.	WAS DECEASED EVER IN U.S. ARM	IED FORCES? 36. S	CIAL SECURITY NO. 17.	INFORMANT	8ddress	n
	(Yg	s, no, or unkown) (If yes give war or 1)	dates of service)	Gu	verry R. Smith	46612 Dittma	er Road
	1	18. CAUSE OF DEATH [Enter or				D. SIZZARIGALIE	INTERVAL BETWEEN ONSET AND DEATH
1	-	PART I. DEATH WAS CAUSI	AUSE (e) Pu	lmonary embo	lism; myocard	ial insuffic	
	1	Conditions, if any, which \	DUE TO Ar	teriosclerot	ic heart dise	a 5 • •	
		gave rise to immediate	(b)				
1		cause (a), stating the underlying cause last.	(c)				
	TION	PART II. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUT	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEAS	ECONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
	FICA	20a. EXTERNAL CAUSE WAS	1 20b. DF	SCRIBE HOW INTURY OCC	URRED. (Enter nature of Injur	v in Part I or Part II of II	YES NO _
	CERTIFICATION	PRIMARY OF CONTRIBUTING	A	eased fell a		, , , , , , , , , , , , , , , , , , , ,	on our
	CAL	20c. TIME OF INJURY Month,		JURY OCCURRED 20e. PL		20f. (City or town)	(County) (State)
	MEDICAL	6:30 p.m. 11/14/	615 While et work		lome	Washington	D. C.
		21. I certify that I took c	harge of the rema	(4)	ld an Autopsy N Ins	ection Inquiry	
		death resulted from: Na	atural causes	7 Accident X Su	icide, Homicide o Chief Medical exal], Undetermined ma	anner
		ACTUAL SIGNATURE	len K	1/late	ACCIONALLY MEDICAL		22. DATE SIGNED
		EXAMINER'S TO	0:2	77.11	DEPUTY MEDICAP EX	VACT UZ	N. 8. 1966
à	23a.	NAME (Type) / QC	DATE THEREOF	23c. NAME OF CEMEVE	Marie and the second se	d. LOGATION (City, town	
	LVG.	REMOVAL (Specify)	I =66 .	Rock Creek C	4 10	shington. D.	(,
	24.		a Continu	ADDRESS . O	25a. REC'D BY	REGISTRAR 250. REGI	STRAR'S SIGNATURE
	Wa	irner E. Piumphrei	1. Inc. S	lver Spring	Md DAMEN IS	1966 file	rees Judge

VR AISME (5) 5M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		กากขอ	M	EDICA	L EXAMINER	S CERTIFICATE	OF DEATH		010	14
HEALTH DEPTM	1	PLACE OF DEATH	_			2 USUAL RESIDENC	E (Where deceased lived		idence before o	odmiss on)
5 to 8 to 12	1	o county Montgomer	v		MARYLAND	o STATE	and	b. COUNTY	ntgome	ry
delay ind 3 t		b CITY OR TOWN (If outside corpo	prote I mits,	c Ll	ENGTH OF STAY IN 16	c City OR TOWN (outside corporate limits	, write RURAL and	g ve neores† I	lown)
M3.		write RURAL and give nearest	town)	2). O. A.	Wheat	on			,
any dela 2, and 1 PM3. F epartmen	-	d NAME OF HOSP TAL OR INSTITUT	ON (If not in hosp	ital, give st	reet oddress)	d STREET ADDRESS			, e	IS RESIDENCE
form form		Holy Cross Hosp				2122 Ar	cola Ave.		YE	ON A FARM?
death 1f any delay is Pages 1, 2, and 3 to with form PM3. Page ne State Department of 172 haurs after deathy	3	NAME OF	First		Midd e	lost tool	4 DATE	Month	Dov	Year
death e Pag with he Sta		DECEASED (Type or print)	John		Calvin	Riggs	OF DEATH	Jan.	9	19 66
after de 8. Give alang w with the	S	SEX 6 COLOR OR		R+ED 🗖	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (n years IF UNI	DER I VEAR TH	FUNDER 24 HRS
2 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		M W	WIDON		DIVORCED	10/17/98/	lost b	irthdoy) Month	15 Days	Hours Min
haurs Item 1 Office and and and and and and and and and and	100	USUA, OCCLEAT ON (Give Kind of a	vork dane 10	AL VILID DE	D C-NEC DD	11 BIRTHPLACE (SI	ate or foreign country)		CITIZEN OF W	VHAT
4 h	dui	ing most of working life, even if retu echanic Ketized	(ed)	INDUSTR	Dransit_	Indiana			EDUNTRY?	IS A
hin 24 haurs after de nucl in Item 18. Give P niner's Office alang wi pages Landswith the in any event within 7	13	FATHER'S NAME			J. CONT. D. D. C.	14 MOTHER'S MAID	EN NAME			
		William P. Ri	ggs			Mirum He	eacox			
d will in pe Exar Exar File and		WAS DECEASED EVER IN U.S. ARMEI	FORCES?	16. SDC AL	SECURITY NO I	7 INFORMANT		3 Adequess a.	-1-0	
xecuted nding" ii Medical permit. maval,	()	s, no prunknown) (If yes give wo	or dates of service)	307-0	01-6662	John Long,	Son-in-law	21225 Ar Silver	Spring	Md
		18 CAUSE OF DEATH (Enter on	ly one couse per la	e for (a), (t	11. ofd (c).)		1	PRAZIEN.	MIER	VAL BETWEEN
be "pe "pe nief ansit		PART I. DEATH WAS CAUSED	TE CAUSE (o)	cci	a, Co	onory	Haraul	Leción	ONSET	T AND DEATH
te shauld be e the ward "per I ta the Chief I a burial-transit rematian, ar re		4201	DUE TO	7 4	_ 1	- 11.	, , ////	15	A	
ate shauld g the ward at to the C a burial-tr cremation,		Conditions, if any, which gove rise to immediate cause (a),	(b)	NU	riosel	erotte	Heart	Mess	aso-	14
a the second	1	stoting the underlying couse (a),	DUE TO				1			
高電車 8型人		lost.	(c)			<u> </u>				
writing the orwarded to used as a b burnal crem	1 8	PART I OTHER SIGNIFICANT CON	D TIONS CONTRIBUTI	ING TO DEA	TH BUT NOT RELATED	O THE TERMINAL DISEASE	COND TON G VEN IN PA	RT 1(o)	19. W	REPORMED?
	CATIC								YES	
	RIE	200 EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20	b DESCRIBE	HOW INJURY OCCURR	ED (Enter nature of injury	n Port I or Port II of it	em 18)		
INER: The certific should be files. It should but the standard mt, pring	33	CAUSE OF DEATH								
= 0 + + w = 1	MEDICAL	20c TIME OF INJURY Month, Do Hour o.m		Od INJURY While —		PLACE OF INJURY (Home if factory, street, office bldg , e		r town)	(County)	(Stote)
X age of	×	p m	19 at	work 📙	of work					
MEDICAL EXAM lease execute the director. Page 4 stollined for your black of the stolline of th		21 I certify that I tag				held an Autapsy 🔲			₩ .	n my opinia
の質のは、		death resulted from:	Natural cause:		A)cadent (),	uicide 🔲, Hamici	de 🔲, Undeterr	nined manner		
MEDIT DIPLOMENT IN THE PROPERTY OF THE PROPERT		ACTUAL 6		/		11 11 11	CAL EXAMINER		22	DATE SIGNED
		SIGNATURE /	ally 1		Victay	2 TASSISTANT I	MEDICAL EXAMINER	حـــــ		DATE SIGNED
EPUTY MEDICA issary, please e funeral director ay be retained oy be retained inERAL DIRECT th ar its design		EXAMINER'S BELL	SEAL O	0	A-TOO	M D MAN	reer City, Con Count	MAN	10,(966
O S O E E RAN	22,		DATE THEREOF	230	NAME OF CEMETRY	OR CREMATORY	23d LOCATION	17	(County)	(Stote)
5 5 5 0 5	231	DEMOVAL (County)	13-66			n Cemetery			. ,,	,
Ω	24	PUNISH Conservation	10	0.10			Prince G	2Sb REGISTRAR	'S SIGNATURE	ryvana
VR A15ME (5)		anex Dunnha	horado	8434	Georgia I	Tuenne DAA			les Jus	



Page 4 may be retained by the nospital or attending physicians.

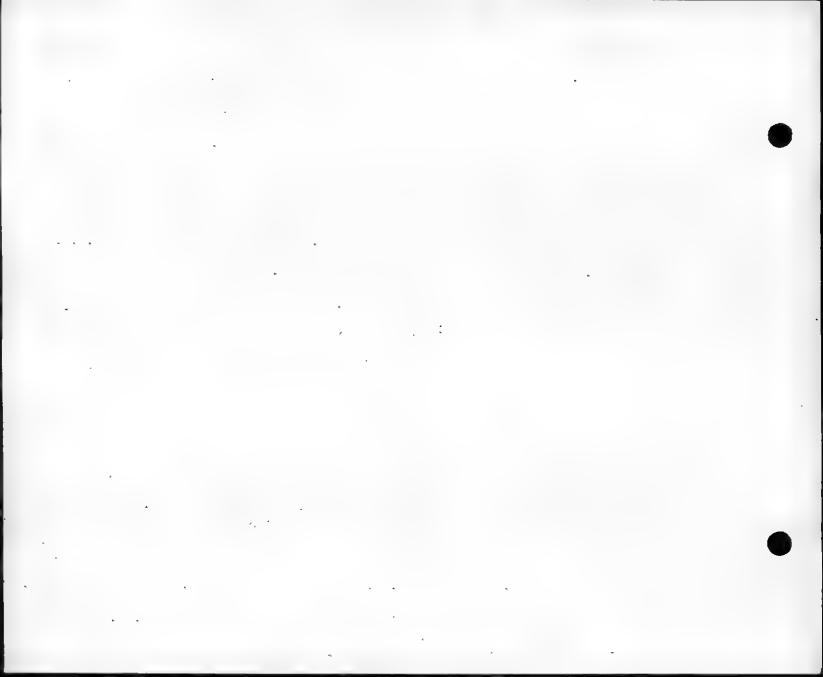
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in pay event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 7 released

> VR A15 (4) 15M 4-64

01023

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U1U31 OLKINIOAI.	Ta Uato
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Montg. MARYLAND	a. STATE Maryland b. COUNTY Montg.
b. CITY OR TOWN of outside cornerate limits c LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Silver Spring, 7 #4485	Silver Spring,
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
Hely Cross Hospital	833 Gist Ave.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) COT2 J. CC S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 3 8	Rinker DEATH January 28 19 66 B. DATE OF BIRTH 19. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
7. MARKIED WEVER MARKIED X	last birthday) Months Days Hours Min.
Te White WIDOWED DIVORCED	10/28/1870 95 yrs.
1Da. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
None At Home	Mt. Jackson, Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lemnel H. Rinker	Mary E. Zirkle
(Yes, no. or unknown) ((free nive war or dates of service)	INFORMANT 833 GAST Avenue
No None VES- Mrs	s. Walter Brown Silver Spring Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ongestive heart failure) ONSET AND BEATH
IMMEDIATE CAUSE (a)	
DUE TO A S A A A A A	rteriosclerotic heart disease) 201/2s
Conditions, If any, which gave rise to immediate (b)	menuscrewitt neutr anseine,
cause (a), stating the DUE TO	
underlying cause last.) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20s. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO COUNTRIBUTING TO DEATH OR CONTRIBUTING TO DEATH BUT NOT RELA 20s. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELA (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factor HOUR a.m., P.m. 19 at Work at Work	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While factor	ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	7-/5, 1968, to /-28, 1966, that (1) (we) last
saw the deceased alive on \$-/5.1900, and that	death occurred a his AM, from the causes and on the date stated above.
22a SPETMATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Merge T, Xjenaslack M.D	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
George J. Senditack, M. D.	19241 Columbia Rlud., Silver Spring, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial 1-31-66 Glenwood Ceme	
24. FUNERAL DIRECTOR of Carth 8434 Georgia Ave	25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	de File 3 1956 Portionles Judge



I5M 4-64

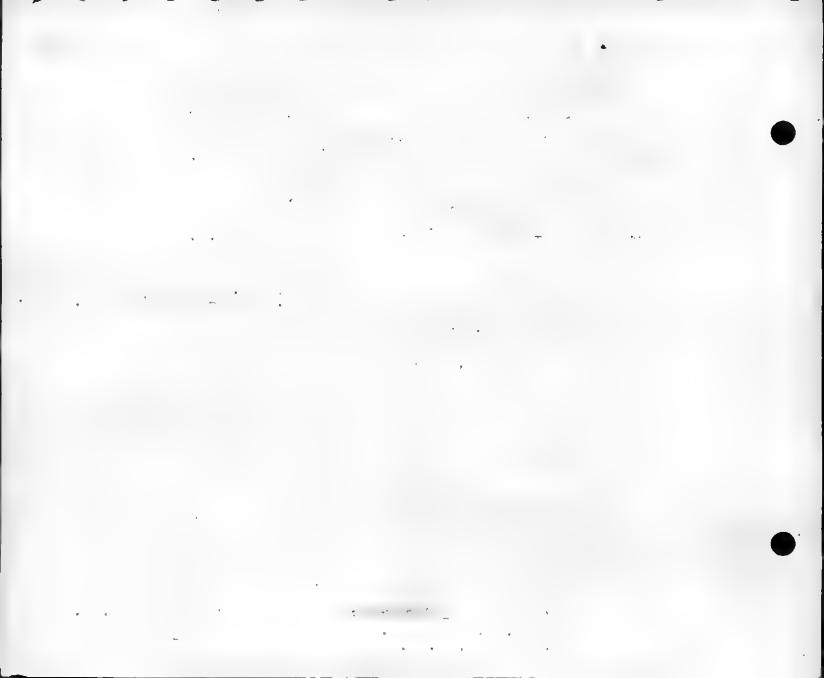


MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										
01044 CERTIFICATE										
1. PLACE OF DEATH a. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY									
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? 1458 Colcumber React N.W. YES NO									
3. NAME DF First Middle (Type or print)	Last 4. DATE Month Day Year DF DEATH / 19 19 6									
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.										
FEMALE LikitE WIDOWED OVORCED L	July 27 1877 88 yrs. 5 22									
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) to industry file (Covernment - Printing Uffice)	Washington, D. C. 12. CITIZEN OF WHAT COUNTRY?									
	14. MOTHER'S MAIDEN NAME									
Frederick Volk	Margaret Heunch									
(Yes, no, or unkown) (If yes give war or dates of service)	hert R. Stone-813 Bright St. Va.									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND OEATH									
IMMEDIATE CAUSE (a) College a selece	the heart absence 20 yrs									
Conditions, If any, which)	Con of along									
gave rise to Immediate	OLDON, 1990									
cause (a), stating the underlying cause last.										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATIONS 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO									
	RED. (Enter nature of injury in Part I or Part II of Item 18.)									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACI 10 20c. PLACI E OF, INJURY (Home, farm, y, street, office bldg., etc.) (City or town) (County) (State)										
21. I certify that (I) this pospital) attended the deceased from	1955, to 19, 1966, that (1) (we) last									
	death occurred at 5 ≥ M, from the causes and on the date stated above.									
22a. SICNATURE	ATTENDING MED. STAFF 1/10/1/									
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 762 16 4 W W COSC 12 DC									
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)									
Burial 1/22/66 _ Glenwood (Gemetery Washington, D. C.									
24. FUNERAL DIRECTOR The S. H. Hines Co.	258. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE									
Washington, D. C.	DATE AN 4 = 1956									

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) PLACE OF DEATH in penci in Item 18. Give Pages 1, 2, and 3 to P.M.3. Poge File pages I and 2 with the State Department at and in any event within 72 hours after death,

deloy is

necessary, please execute the certificate, writing the ward 'pending" in penci in Item 18. Give Pages 1, 7 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

permit. File

o buriol fronsit

used as

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be

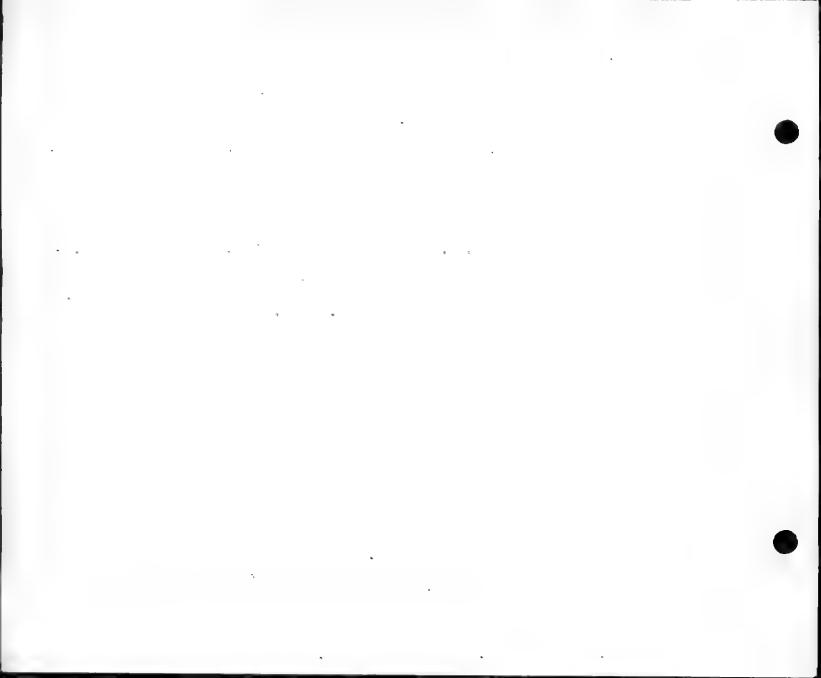
VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

Health or its designated agent, prior to burio, cremation, or removal.

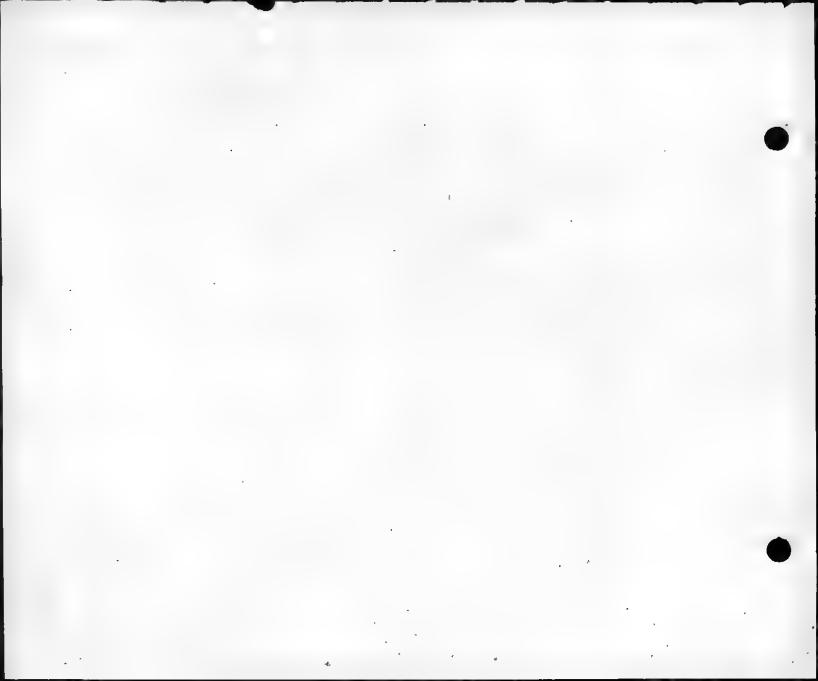
This certificate should be executed within 24 hours ofter death If

	a. COUNTY			a STATE b. COUNTY				
		TGOMERY	MARYLAND	Mary	land	Montgomery		
		(It autside carporate imits	c LENGTH OF STAY IN 16	c CITY OR TOWN (fat	its de carporate limits, writ	te RURAL and give nearest tawn)		
		id give nearest tawn) R SPRING	D.O.A.	\$417	1			
		TAL OR INSTITUTION (If not in)		d. STREET ADDRESS	er Spring	l e IS RESIDENCE		
y z		· ·	respecti, g to 2 year address;			ON A FARM?		
		ross Hospital		306 Lanar	k Way	YES=X NO X		
	3 NAME OF DECEASED	First	Middle	Lost	4. DATE	Month Day Year		
- 1	(Type or print)	COLEN	EUGENE	ROSS	OF DEATH Jay	mary 29 19 66		
	S SEX	6 COLOR OR RACE 7 A	MARRIED NEVER MARRIED E	B DATE OF BIRTH	9 AGE (n vec	IF UNDER 1 YEAR I FUNDER 24 HRS		
- 1	Male	White w	IDOWED DIVORCED	91/24/99/9/2	6/98 166 67	(a) Months Days Haurs Min		
ŀ		N (Give kind of wark dane	10b KIND OF BUSINESS OR	1) BIRTHPLACE (State	111 07	12 CITIZEN OF WHAT		
	during mast af warking	life, even if retired)	NDUSTRY NAVALORD,	Salamo So	Oudions	COUNTRY?		
	Electronic	Engineer	U. S. Government	Challact	the Johns	II. S. A.		
- 1	13. FATHER'S NAME			14 MOTHÉRIS MALDEN I	AME 7////			
	Welton	9. Ross		Bertha				
ŀ		ER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 II	NFORMANT	047	Address a		
	(Yes, na, or unknawn)	(f yes g ve war ar dates of serv	ice) OLE ILL OTTO		SITAGE	AdSpring, Md.		
-	No	_ None	444.	s. Eva B. Ro	oss <u>- 306 L</u> a			
	1B. CAUSE OF D	EATH (Enter anly one cause pe TH WAS CAUSED BY	r line-far (a), (b), and (c).)		0	7 INTERVAL BETWEEN ONSET AND DEATH		
	TAKT I DEA	IMMEDIATE CAUSE (a)	Claude Cor	-on-ary	In ruft	ucency		
	4211	DUE TO			11 // //	10 * t		
	Conditions, if ony	, which gave) (b)	Orenany Co	ntery	Noa W	NUISOBSO		
- 1	nse ta immedial	te cause (a), (~		
	stoting the unde	(c)	U					
			D. T. C. TO COLUMN DUT HOT BY ATEN TO Y	NE TERM A AL RISEASE COL	DIVIDA CIDES IN BART A	a) 19 WAS AUTOPSY		
	FAKI II ÇINEK SI	IGNIFICANT CONDITIONS CONTR	BUT NO TO DEATH BUT NOT RELATED TO E	HE FRAMMAL DISEASE CON	IDITION GIVEN IN PART I(PERFORMED?		
	5					YES NO		
	20g. EXTERNAL CA		206 DESCRIBE HOW INJURY OCCURRED. ((Enter nature of injury in	Part I ar Part II af Item 18			
	CAUSE OF DEATH	NI KIBUTING L						
	20c. TIME OF INJ	URY Month, Day, Year	20d INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	20f. (City or tow	n) (County) (State)		
- 1	Haur a.ı	m.	While Not While facto	ary, street, office bldg , etc.)		(3330)		
	D I		at work U at wark U					
	21. I certif	-	the remains described above, hel	ld on Autopsy [,	Inspection 📉	Inquiry ond in my opinion		
-1	death resul	ted from. Natural car	uses 🔼 Accident 🔲, 🕽 Suici	ide [], Homicide	Undetermine	d monner		
- 1	1	100		CHIEF MEDICAL	EXAMINER			
	SIGNATURE	NO Caller	12. 1. Rest	ASSISTANT MED	CAL EXAMINER	22. DATE SIGNED		
- 1	EXAMINER'S)	2 /	DEPLIDY MEDICA	EXAMINES -	Tan 21 1011		
	NAME (Type)	ELDEN	R. KERYIN		city, fown, or county)	10 N. SI, (766)		
Ť	23a, BURIAL CREMATIO	ON. 23b DATE THEREOF	23c. NAME OF CEMETERY OR C	111	23d LOCATION (City	ar Tawn) (County) (State)		
16	REMOVAL (Specify	1						
1	BULLAR	2-2-66	Washington Na		tery Suith			
) [24. FUNERAL DIRECTO	"C. Glande	22,8434 Georgia Au	enue 250 REC		REGISTRAR'S SIGNATURE		
	Marner E.	Pumphrey. Inc	Silver Spring.	Md DATE	3 4 1966	ferences Judge		



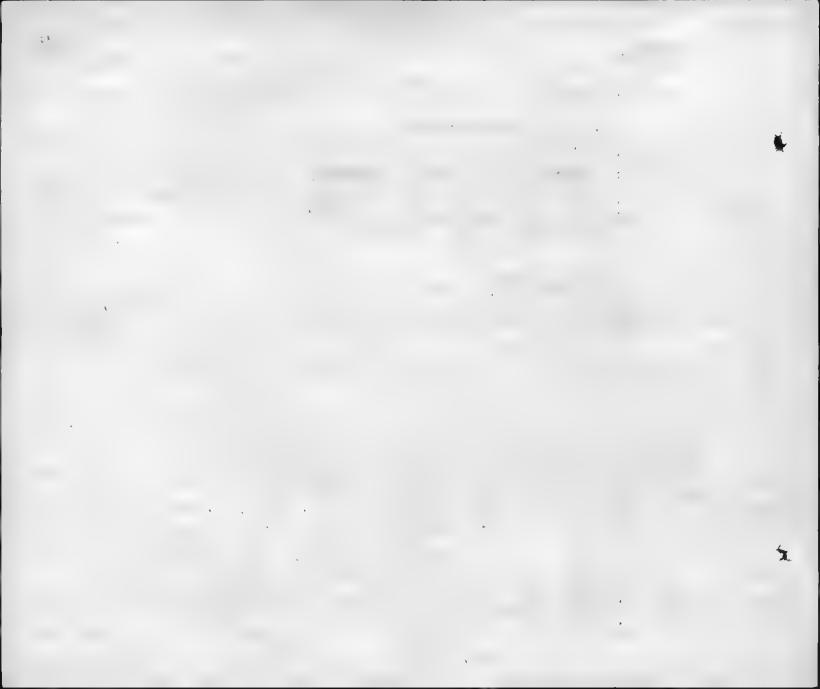
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 funeral hours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. CDUNTY a. STATE by the finance in Pages 1 urs after 1 b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town C. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) completely filled in e. IS RESIDENCE DN A FARM? 24 NO carbon NAME OF DATE Year DECEASED remove carb We DEATH (Type or print) 19 G executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 8. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours and WIDOWED DIVORCED Ξ 1Da. USUAL DCCUPATION (Give kind of work done) 10b, KIND DF BUSINESS OR 12. CITIZEN DF WHAT (County & State, or foreign country) 딞 ican ase nd i þ during most of working life, even if retired) CDUNTRY? INDUSTRY 4005E FATHER'S NAME attending pri The law requires that the death certificate MOTHER'S MAIDEN in signed by the attend burial-transit permit. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) ((If yes nive war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which certificate has been s thed for use as the bu pt, of Health prior to bu (b) gave rise to immediate DUE TD cause (a), stating underlying cause last. After this certificate had be detached for use a State Dept, of Health pi PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? CERTIFICATI YES F ND 17 2Da. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) DR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MFOICAL 2Dd. INJURY OCCURRED 12De, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) TIME OF INJURY Month, Day, Year (County) factory, street, office bidg., etc.) Hour a.m. After While Not While Page 4 may be retained by at work at work director, page 3 should should be filed with the 1960 to 21. I certify that (I) (this hospital) attended the deceased from 196 > that (I) (we) last and that death occurred at 15 E.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c-23d. (State) REMOVAL (Specify) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 25b VR A15 (4)

2DM 1/65

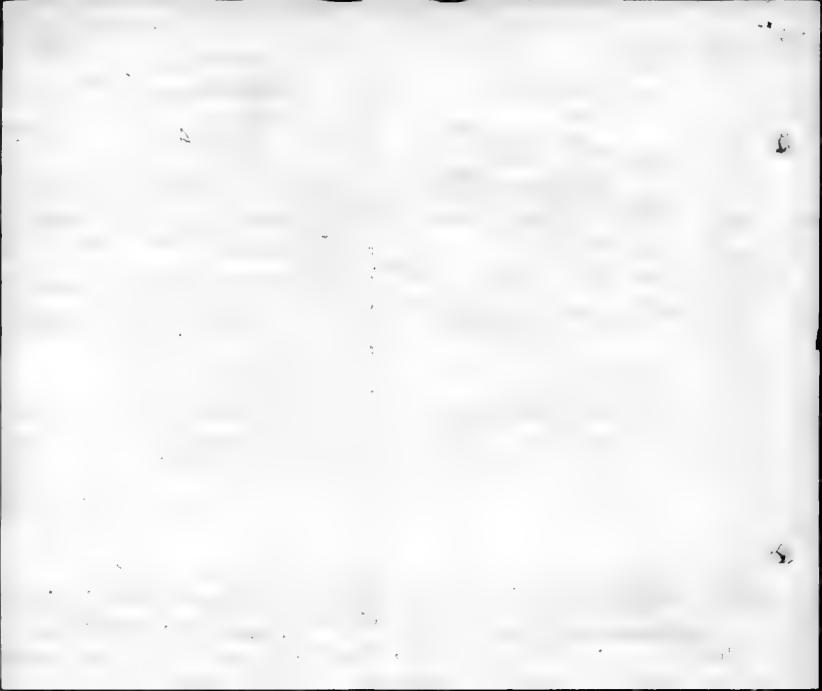


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If Institution: Residence before adm ssign a. COUNTY **b. COUNTY** Virginia Montgomery MARYLAND b. CITY OR TOWN (if oulside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda Alexandria d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 624 S. Lee Street Resmore Hospital YES NO X 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) peath January 4 FRANCES WHITE ROWNTREE 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (in years | IF UNDER) YEAR IF UNDER 24 HRS. last birthday) Months Oct. 23, 1874 Female White WIDOWED X DIVORCED [16a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHILACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Kansas U. S. A. Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fredric White Marv Leslie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address 624 S. Lee Street (Yes, no, or unkown) | (Ifyas giva war or dates of service) Richardson H. Rowntree Alexandria, Virginia None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (r). INTERVAL BETWEEN ONSET AND DEATH wo cleartie treat dream PART I. DEATH WAS CAUSED BY. 2 uns IMMEDIATE CAUSE (a) Deveralized activoclerons DUE TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY PERFORMED? NO T 208 ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20s. PLACE OF INJURY (Home, farm, Month, Day, Year 2Dd. INJURY OCCURRED 20f. (City or lown) (County) (Stata) factory, streat, office bldg., atc.] Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from Man 2 1957 to 196 6, that (1) (wo) last ... 196.6. and that death occurred at 20 M, from the causes and on the date stated above. saw the deceased alive on. 22a_SIGNATURE DATE SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Typn) "T"HO M AS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23m. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Jan. 4, 1966 Cedar Hill Crematory Suitland Marvland Cremation 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 2847 Wilson Boulevard VR AIS [4] 15M 7-62 Arlington, Virginia

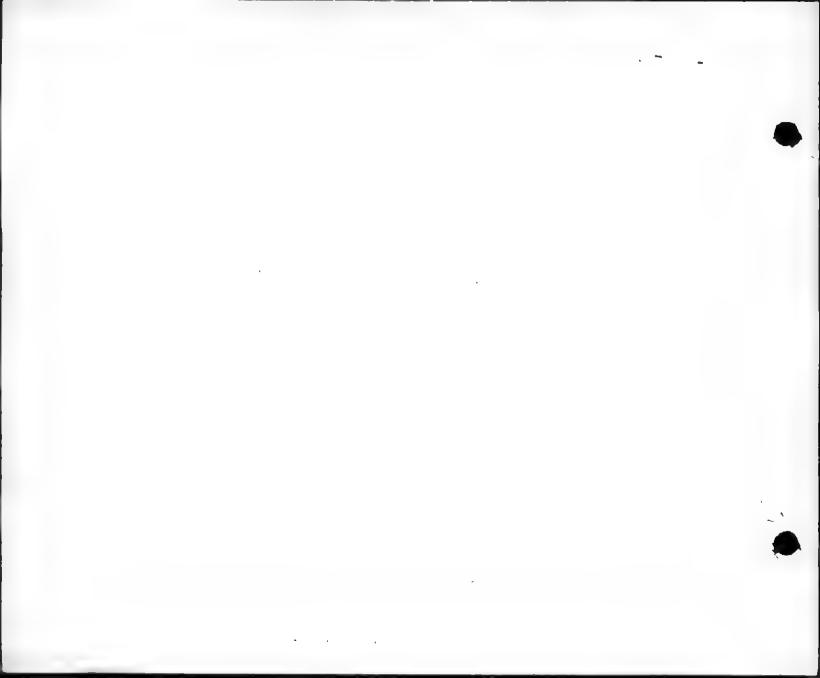
ARYLAND STATE DEPARTMENT OF HEALTH



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
« ·	1-	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
13	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01022	
	MEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admi 3. STATE 4. COUNTY 4. COUNTY 5. COUNTY 6. COUNTY 6. COUNTY 7. COUNTY 7. COUNTY 7. COUNTY 8. STATE 9. COUNTY 9	usion)
	essary, r. Page files. ant of	11/07tgernley MARYLAND Maryland Montgemery	
	dr. filmer	b. CITY OR TOWN (if outside corporate limits, write RURAL entitive nearest town) write RURAT and give nearest town)	
	ay is necess al director. P for your file Department death.	d. NAME OF HOSPITAL OP INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1 e. IS RESID	ENCE
3	್ರ್ಹಿಬ್ರಾಹ ,	Dubut 89/4 Medows Lane YES TIME	ARM?
-	P 크 들 문 j	3. NAME OF DECEASED A Find Middle Last 4. DATE Month Day Year	
		(Type or print) Jane Stein Russell DERTE Jan 3 196,	6
	声の 立造の	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. 60E (In years IF UNDER 1 YEAR IF UNDER 24 last birthdey) Months Deys Hours M	HRS.
	5 高石分差)	Helmale WIDOWED DIVORCED CT28, 1912 53 yrs. Annihs Days Hours M. 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COULD	
	2 - B	done during most of working life, even if retired)	TIMIT
	24 hours af e Pages 1, 2 PM3. Pag pages 1 in y event vit	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	2 0 5 0 V	William Watt Stein Louise Hargrouse	
	in First	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (You, no or unknown) (livesgivewerordelesofservice)	-
	tem 18. with for permit.	The Unknown Husband- Nereld Nussell	
		18. CRUSE OF DEATH (Enter only one sause par line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon. Monoxide. Inflation.	H
	d be exec pencil in ice along ial-fransit r remova		_
	古に生まり	Conditions, if ony, which) (b) Acute Defression -	
		gave rise to Immediate cause	
	ifficate shot pending" i aminer's O rsed as a bu cremation,	cause lest.	
	F = X = 4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO-PERFORME	PSY D?
	d b d b	\$	
		20a. EXTERNAL CAUSE WAS PRIMARYY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) Attached. hose to eshoust fine g can and part after and in can continued in the state of the s	-
	E 5 4 to 5	The first warmen in the first of the first o	al .
	MEDICAL EXAMINER: te the certificate, writing the forwarded to the Chief Me L DIRECTOR: Page 3 sho i designated agent, prior to	How m.m. // While Not While sectory, street, office bldg., etc.)	Md
	Cate to the OR:	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opini	
	MEDICAL the the certific orwarded to DIRECTC designated	death resulted from: Natural causes, Accident, Suicide X. Homicide, Undetermined menner	
1)	IEDICA the certi rwarded DIRECT lesignate	CHIEF MEDICAL EXAMINER	
1	t sture to for the total to the total to the total to the total to the total to the total total total to the total	SIGNATURE (John S. Sall M.D. ASSISTANT MEDICAL EXAMINER 1/3/66 DATE SIGNED	د
	IO DEPUTY M please execute 4 should be for IO FUNERAL II Health or its d	EXAMINER'S JOHN G. BALL Address (Street, city, town, or county) Buthesda, Md.	
	DEP asse in thou FUN	22a RUBLAL CREMATION 27b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d IOCATION ICITY town or county (See)	
	5 g 4 5 ± 0	Cremation 1-4-66 Cedar Hill Crematory Suitland, Maryland	
	12	23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	_
	5M 1/63	ROBERT A. PUMPHREY Bethesda, Maryland JAN 6 1966 Joleanles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institution Residence before admission) 6 COUNTY Montgenery a COUNTY PM3 Page deloy Department c CITY OR TOWN (If autside carparate I m ts. write RURAL and give nearest town) autside carparate limits. TION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? pencil in Item 18. Give Pages 1, State 1 2 haur 24 hours ofter death Office along with NAME OF DECEASED (Type or print) AGE (In years IF UNDER 1 YEAR birthday) Months WIDOWED event 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working/ je even if settred) rd "pending" in pencil in Chief Medical Examiner's be executed within 13. FATHER'S NAME 17 INFORMANT remayal, 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART .. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (a) This certificate shauld writing the word crematian, -extreme cold Weather Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? NO its designated agent, prior ta shauld be 20a EXTERNAL CAUSE WAS PRIMARY Car CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of hurry in Part I or Part I of item . 8) 3 shauld Walked in Snow Blizzerd_add froze EXAMINER: 20e PLACE OF INJURY (Hame, farm, 20c TIME OF N.JRY Manth, Day Year (County) (State) Hour aum factory street, office bldg , etc.) Nat While FUNERAL DIRECTOR: Page While Rockville - Montelling Md of work Page . at work 21 I certify that I taak charge of the remains described above, held an Autopsy Inspection . and in my opinion death resulted fram Accident X, Suicide . Natural couses Undetermined manner Hamicide ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn or county 23a BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 9 Arlingto. PREMOVALASTectly) 2/11/66 Arlington National Virginia 1331 Rockville DDBESke, Rock., Md 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR TVSOn Theeler 25b REGISTRAR S SIGNATURI iarley VR A15ME (5) 6M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTICIONTE OC DENTU

Ton la	DIVISION OF	STATISTICAL RESE	ARCH AND RECOF	DS, 301 W. PREST	TON STREET, BAL	TIMORE 1, M	ARYLAND
	01050		CERTIFICA	TE OF DEAT	TH		01023
17	PLACE OF DEATH a. COUNTY				ENCE (Where deceased live		sidence liéfore admission)
	Montgomer	211	MARYLAN	a. STATE		b. COUNTY	0
_	b. CITY OR ADDWN (If or	itside corporate limits.	C. LENGTH OF STAY IN		(If outside corporate lin	nits, write RURAL	and give nearest town)
0	Write RURAL and gi	/e nearest town)	2 yes,	Hund	DO		
ب		OR INSTITUTION (If not in h		ss) d. STREET ADORE	SS	· ·	e. IS RESIDENCE
A	Then Woodlan	d Newsing Home	1000 Dalevier	D 1707 Ca	lumbio RF	m.w.	ON A FARM? YES NO X
3.	NAME DF DECEASED	Firet	Middle	Last	4. DATE	Month	Day Year
	(Type or print) Ma	rgaret A		Ryan	DEATH	lan	19 66
5.	SEX 6. CO	LOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	years IFUNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
	te ca	WIDOWED	DIVORCED [Nov 28 #	88 Et	yrs.	Days Flours min.
10:	I. USUAL OCCUPATION (GI	ve kind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE	(County & State, of foreign	country) 12. Cl	TIZEN OF WHAT UNTRY?
uui	NIJE 3 67	Cleria 11.5.	NDUSTRY	Nequire	now The		5 A-
13	FATHER'S NAME	1 1 1 1 1		14. MOTHER'S M		-/-	2.//:
1)	Silliam FRA	- Punt		Mne	n Alicel	•	
15	. WAS DECEASED EVER IN		SOCIAL SECURITY NO.	L7. IMFORMANT /	Hon Nugh	Address .	
(Yi	φ, πο, or unkown) }(If yes;	rive war or dates of service)	1/2 20		4 AM	The trop of	P., N.
_		-DE		F. U.F.	A TO A CAN	incton!	
		[Enter only one cause per]	ine for (a), (b), and (c).	1	1		ONSET AND DEATH
	PART I. DEATH W.	EDIATE CAUSE (a)	minal I	DUCKU-DIF	umenia		4 111
	4271	DUE TO	6.5	11			1.1 ~
	Conditions, if any, w		alo Vas	EULOV Pal	SMOSE		6 155,
	gave rise to immed cause (a), stating						C
	underlying cause last.	(c)					
CERTIFICATION	PART II. OTHER SIGNIFI	CANT CONDITIONS CONTRIBL	TING TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE CONDITION G	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT							YES NO
	20a. ACCIDENT WAS U	NDERLYING 20b.	DESCRIBE HOW INJURY O	CCURRED. (Enter nature	of injury in Part I or P	art II of Item 18.	
CER	OR CONTRIBUTING (IF EITHER, NOTIFY MI	CAUSE OF DEATH					
	20c. TIME OF INJURY		NJURY OCCURRED 120e.	PLACE OF INJURY (Home	farm. 20f. (City or t	town) (Cour	nty) (State)
EDICAL	Hour a.m.	White	Not While	actory, street, office bldg	., etc.)	, , , , , , , , , , , , , , , , , , , ,	
Ĭ	p.m.	19 at worl	k at work	Ada./	1/1/2	- /	/
	21, I certify that	(l) (this hospital) attend	1 //		19 76 to Va		that (I) (we)-last
	saw the deceased	alive on wun	19 6 5, and	that death occurred a	t/2,5M, from the c		ie date stated above.
	22a. SIGNATURE	1/2/2/	//	M.D. ATTENDING	MED STAF	F — /	ATE SIGNED
		COCHIA	SUMO_	M.D. PHYS.	DIRECTOR PHYS		1-601
	22c. PHYSICIAN'S NAME (Type)	F. F. Quay	do	22d. ADDRESS	MINEST N.W.	Washin	ton II G.
238		23b. DATE THEREOF (23c. NAME OF CEME	ERY OR CREMATORY	23d. LOCATION	(City, town or/cou	nty) (State)
	REMOVAL (Specify)	1-11-500	Wach Creek	Compten	in abin to	1. n. C.	
24	. FUNERAL DIRECTOR	1//	ADDRESS	258.	REC'D BY REGISTRAR	25b. REGISTRAR'S	S SIGNATURE
	S. Ch.	The mas	il on Son co	Porito	N 6 1966	" rempley	Judge.
				477	. II [] - - - - - - -	44- V	4

VR A15 (4) 15M 4-64



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death:

Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, he completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and when any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1.	a. COUNTY	ntgomery			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Arkansas b. COUNTY									
-	-		N (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY IN					mits, writ	e RURAL	end glv	e near	est town)	
	_	Be	thesda (ru	ral)	32 days	Walnut Ridge 42-3									
					ospital, give street addre	s) d. STREET ADDRESS e. IS RESIDI							SIDENCE FARM?		
26	_		S. Naval		1		411 E. Georgia YES □ NO							NO X	
	3.	NAME OF DECEASED (Type or print)	Har		Middle 11:D11	Ryburi		4. DAT		Month Janua	ry	Day 30		66	
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF		1	D ACE /I	n vaare II	EHNDER		IFUNDE	R 24 HRS.	
	Ma	ale	Caucasian		_	July 2	21,19	07	58	rthday)	Months	Days	Hours	Min.	
	i	Retired M	ilitary	done 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTH	olph	Co	Arka	n country)	CC	S.A	7	T	
		. FATHER'S NAM		14. MOTH											
			shington R	Mary	Eliz	abeth	Swin	ney							
	15 (Υι Υ ε	es, no, er unkown) 26	EVER IN U.S. ARMED FO (If yes give war or dates o	of service)	1 14 2831	7. INFORMANT Vrs. Myr]	Le Ca	llaha	411 n,Bla	Address ck Ro	Box ck,	256 Ark.			
					ine for (a), (b), and (c).]							INTE	INTERVAL BETWEEN ONSET AND DEATH		
		PART I, DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Wid	espread meta	static ca	rcin	oma f	loor	of mo	uth	ONS	E1 WAD	DEATH	
		143	X 2005		h peri-bronch										
	Cenditions, If any, which \ X respiratory insufficiency														
	gave rise to immediate cause (a), stating the DUE TO														
	underlying cause last. (c)														
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES													
		20a, ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA IFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY O	COURRED. (Enter	nature of	Injury In	Pert or	Part II of	Item 18.	.)			
	MEDICAL	2Dc. TIME OF I		Year 2Dd. While at worl	Not While fa	PLACE OF INJURY ctory, street, offi	(Home, fa ce bidg., e	tc.) 2Df.	(City or	town)	(Cou	inty)	(State)	
		21. I certif	v that (f) (this hose	ital)-attend	ed the deceased from_	Dec. 29	, 19	9 65	oJ:	an. 3	0 196	6_ th	at 10 (we) last	
		sav the dec	ased alive on	Jan. 30	<u>19 66</u> , and t	hat death occu		T:52%	from the	causes a	nd on t	he date	state	d above.	
		22a. SIGNATUR	4	12							ALU. U	WIE 216	MED		
		70	EL COXIC	-1113	mo	M.D. PHYS.		MED. DIRECTOR	D STA	s. X	Ja	n. 3	1,19	966	
1		22c. PHYSTEM	pe) John A.	Ramlo	4.110	22d. AD U. S.		al Ho	spita.	L, Be	thes	da,	Md.		
	238	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMET			23d.	LOCATION	(City, tow	n or cou	inty)	(S	tate)	
		irla1-ti	ransit 2-	2-66	Masonic C	emetery		Po	caho	ntas	A	ckar	nsas	3	
		. FUNERAL DIRE		Wiscon	sin Avenue,			C'D BY RE	GISTRAR	25b. RE6	ISTRAR'	S SIGNA	ATURE		
	R	A. Pump	hrey, Bethe	sda, M	d.		DAFEEE	3 4 .	1966	yeu	iarl	A Ye	edge	-	

VR AI5 (4) 20M 1/65

(2000) = -.7 in Little, else no .7 LU (Address Trans. or 1) 14 gr TOTAL ESTADA California - Linco eye (1914 homides asmitted to the state of Hery 2 families Systems world a continue angula for the thirty distant has the How to wall months withdrate perturbit gamental result - a are

All Commence of Market States and Commence of the Commence of

MARYLAND STATE DEPART ENT OF HEALTH

11058 SSUFE A CANAL STREET Male A . a di Calab A CALLESTING WAS IN THE TOTAL 200